

ST. JOHN THE BAPTIST SCHOOL

PRE-K REGISTRATION 2009-2010 SCHOOL YEAR

Name _____ Age _____
Last First Middle

Home Address _____ Phone # _____ Cell # _____
Street City Zip

Birthday ____/____/____ Social Security Number _____ Place of Birth (City, State) _____
Mo. Day Year

e-mail address _____ School Last Attended _____

Religion of Child _____ Church Attending _____

Baptism _____
Month/Day/Year Church City State

DAYS OF ATTENDANCE ARE: TUESDAY, WEDNESDAY, THURSDAY

Father's Name _____ Religion _____
Last First Middle

Occupation _____ Phone _____
Title Place of Employment

Mother's (maiden) Name _____ Religion _____
Last First Middle

Occupation _____ Phone _____
Title Place of Employment

Child's Parents: (check if one applies) Deceased Separated Divorced

With whom does the child reside? Mother and Father Mother Father Step-parent

Children in Family _____ Grade _____ School _____
_____ Grade _____ School _____

Child will be attending Kindergarten at: _____

All students entering Pre-K, K and 5th grade must have a **Child Health Examination (School Physical)** on file in the office no later than the 1st day of school. All students entering Kindergarten must be 5 years old by September 1. A copy of the **Birth Certificate** for all new Pre-K and Kindergarten students is required. All students must have their **immunization records** on file in the school office. Dental Exams are required for children entering Kindergarten, 2nd, and 6th grade.