

# 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

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### DAYS OF ATTENDANCE ARE: TUESDAY, WEDNESDAY, THURSDAY

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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 5<sup>th</sup> grade must have a Child Health Examination (School Physical) on file in the office no later than the 1<sup>st</sup> 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, 2<sup>nd</sup>, and 6<sup>th</sup> grade.