

Kindergarten Registration Form

Saint John the Baptist Catholic School

Today's Date _____

Student's First Name Middle Initial Last Name Nick Name

Birthdate Age Place of Birth

Home Street Address City Zip Code

Home Phone Number Cell Phone E-mail

Baptismal Date Church City State

_____ Registered Members of Saint John the Baptist Catholic Church

_____ Other Parish/Church Name

Father/Guardian Name

Mother/Guardian Name

I was referred to Saint John the Baptist Catholic School by: _____

Please include the registration fee of \$200.00 _____

This fee will be deducted from your tuition bill in the fall of the year enrolled.

_____ Yes, you may add my name, address, and e-mail phone number to the
School Buzz Book (School Directory)