

Pre-School Registration Form

Saint John the Baptist Catholic School

I am registering my child for: Today's Date _____

_____ Tuesday/Thursday Morning (8:30 AM – 11:00 AM) Morning Preschool
(3 or 4 year old children)

_____ Tuesday/Thursday Afternoon (12:00 PM – 2:30PM) Afternoon Preschool
(3, 4 and 5 year old children)

_____ Monday/Wednesday/Friday Morning (8:30 – 11:00 AM) Morning Preschool
(5 year old children)

_____ Monday/Wednesday/Friday Afternoon (12:00 PM – 2:30 PM) Afternoon Preschool
(4 or 5 year old children)

Student's First Name	Middle Initial	Last Name	Nick Name
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Birthdate	Age	Place of Birth
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Home Street Address	City	Zip Code
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Home Phone Number	Cell Phone	E-mail
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_____ Registered Member 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 \$75.00 _____

_____ Yes, you may add my name, address, phone number and e-mail to the School Directory.

Saint John the Baptist Catholic School

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