

SAINT JOHN CATHOLIC MONTESSORI SCHOOL

REGISTRATION FORM 2023-2024

sjcmontessori@yahoo.com (334)347-0413

Child:	Preferred name:			
Last	First	Middle		
Male Female	Left Handed	d Right Handed	Uses Both Hands	Unsure
Date of Birth:	(Copy of Birth Certificate	needed)	
Religion:	Parish (or Church:		
Child lives with:Both	ParentsMothe	r Father Other (specify:)
Address:		City:	Zip:	
Home Phone:		_		
Parent e-mail: Mom		Dad		
Father:				
Last	First	Middle		
Place of Employment:		Work Phone:	Cell:	
Mother:				
Last	First	Middle		
Place of Employment:		Work Phone:	Cell:	
Emergency contact (loca	l/other than paren	t)		
Name:		Phone:		

Name:	Phone:
Does your child have any spe	al needs?
Allergies: **	
Medical issues:	
Previous preschool and/or da	care:
T-shirt size: XS (2-4)o	S (6-8)
Who will pick up your child fi	m school?(Names and Phone numbers (home/work/cell) if different from above)
If this info	mation changes throughout the year please notify your child's teacher and director.
Parent/Guardian Signature	Date

Please Note:

- *Children must be 3 years old before September 1st and be completely self-sufficient when using the bathroom in order to be eligible for enrollment.
- *A non-refundable registration fee of \$75 must be submitted with this form.
- *Before starting school both a copy of your child's birth certificate and Alabama Certificate of Vaccination are needed.
- *Please review the SJCMS Handbook found on our website http://saintjohnmontessori.com/ for other important information about the school.
- **We are not a peanut/nut free school. While we can take some circumstances into consideration, unfortunately we are not able to accommodate any food allergies.
- **Medication will not be administered during school hours by any employee. This includes but is not limited to epi pens and inhalers.