

SAINT JOHN CATHOLIC MONTESSORI SCHOOL

REGISTRATION FORM 2019-2020

sicmontessori@yahoo.com (334)347-0413

Child:		Prefer	red name:	
Last	First	Middle		
Male Female	_ Left Hand	ed Right Handed	Uses Both Hands	Unsure
Date of Birth:		_ (Copy of Birth Certificate	e needed)	
Religion:	Parish or Church:			
Child lives with:B	oth ParentsMotl	her 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 contac	st (local/other than բ	parent)		
Name:		Phone:		
Name:		Phone:		

Does your child have any special needs?	
Food allergies:	
Medical issues:	
Previous preschool and/or daycare:	
T-shirt size: XS (2-4)or S (6-8)	
Who will pick up your child from school?	(Names and Phone numbers (home/work/cell) if different from above)
	(Names and Phone numbers (home/work/cell) if different from above)
If this information ch	anges throughout the year please notify
	ild'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.
- *The school year runs from August until May. Specific Dates will be mailed out when they become available.
- *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 Blue card (shot record) are needed.
- *Please review the SJCMS Handbook found on our website http://saintjohnmontessori.com/ for other important information about the school.