



SAINT JOHN CATHOLIC MONTESSORI SCHOOL

REGISTRATION FORM

2016-2017

sjcmontessori@yahoo.com (334)347-0413

Child: _____ Preferred name: _____
Last First Middle

Male ___ Female ___ Left Handed ___ Right Handed ___ Uses Both Hands ___ Unsure ___

Date of Birth: _____ (Copy of Birth Certificate needed)

Religion: _____ Parish or Church: _____

Child lives with: ___ Both Parents ___ Mother ___ 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 (local/other than parent)

Name: _____ Phone: _____

Name: _____ Phone: _____

Does your child have any special needs? _____

Food allergies: _____

Medical issues: _____

Previous preschool and/or daycare: _____

T-shirt size: S (3-4) _____ or M (5-6) _____

Who will pick up your child from school? _____
(Names and Phone numbers (home/work/cell) if different from above)

***If this information 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.

*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.