

ST. JOHN'S CATHOLIC MONTESSORI PRESCHOOL

*3 - 6 year olds

REGISTRATION FORM 2011-2012

Child: _____ Preferred name: _____
Last First Middle

Male ___ Female ___ Date of Birth: _____ (Copy of Birth Certificate Required)

Religion: _____ Parish or Church: _____

Baptism Date: _____ Copy of certificate required (if applicable)

Child lives with: ___ Both Parents ___ Mother ___ Father ___ Other (specify: _____)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent e-mail: _____

Father: _____
Last First Middle Religion

Place of Employment: _____ Work Phone: _____ Cell: _____

Mother: _____
Last First Middle Religion

Place of Employment: _____ Work Phone: _____ Cell: _____

Emergency contact (local/other than parent) Name: _____ Phone: _____

Does your child have any special needs? _____

Food allergies: _____

Medical issues: _____

Previous preschool and/or daycare: _____

Right or left handed? _____

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

Parent/Guardian Signature

Date

***Children must be 3 years old before August 1st and potty-trained in order to be eligible for enrollment
The school year runs from August until May.**