



MaryAnne Poeschl, Principal

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PRE-KINDERGARTEN FOUR REGISTRATION FORM

A copy of Birth Certificate and a non-refundable \$100.00 Registration Fee is due upon the filing of this document:

Application Date: _____ Check # _____

Student Information

Name: _____ Phone #: _____
Last First Middle

Address: _____ Parish: _____

Date of Birth: _____ Place of Birth: _____ Male Female

(PLEASE ATTACH A COPY OF CHILD'S BIRTH CERTIFICATE TO THIS FORM)

Reason for choosing St. John: _____

Family Information

Father

Mother

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____ Zip: _____

City, State: _____ Zip: _____

Phone: (Home): _____ Cell: _____

Phone: (Home): _____ Cell: _____

Father's Religion: _____

Mother's Religion: _____

Father's Employer: _____

Mother's Employer: _____

Father's Email: _____

Mother's Email: _____

MARITAL STATUS: Married Divorced Other

Child lives with: Both Parents Together Both Parents Separately Mother Father Guardian / Other

If parents are not married:

- Who has primary custody of the child?
Who is responsible for school bills?
Who receives report cards?
Who is responsible for making school-related decision?
Who should receive general school-related information?

Race or ethnicity: African American Asian Caucasian
Hispanic Native American Multiracial

Primary Language Spoken at Home: _____

Child's Name: _____

Tuition Information

St. Pio Parishioner Yes No

Catholic Yes No
(Parishioner Diocese of Norwich)

Non-Catholic Yes No

Env. # _____

Name of Parish: _____

Payment to be made by: Pay in Full by August 1st Use Facts Tuition Plan

Child's Sacramental Life

Church

Town & State

Date

Baptism: _____

Authorized Adults and Emergency Contacts:

Please list the adult(s) authorized to pick your child up from school:

Name: _____ Phone #: _____ Relationship to Child: _____

Name: _____ Phone #: _____ Relationship to Child: _____

Name: _____ Phone #: _____ Relationship to Child: _____

Whom should we contact in case you are unable to be reached in an emergency?

Name: _____ Phone #: _____ Relationship to Child: _____

Name: _____ Phone #: _____ Relationship to Child: _____

Name: _____ Phone #: _____ Relationship to Child: _____

**PLEASE NOTE: NO CHILD MAY ATTEND PRE-KINDERGARTEN IN DIAPERS OR PULL-UPS.
CHILD MUST BE FULLY POTTY TRAINED TO BEGIN PRE-KINDERGARTEN.**

Parent Signature: _____

Date: _____