



Saint John
SCHOOL

Mother Elaine Moorcroft, Principal

42 MAYNARD RD
OLD SAYBROOK, CT 06475
Phone: 860-388-0849 / Fax: 860-388-6265

PRE-KINDERGARTEN **THREE** REGISTRATION FORM

_____ Two Day Week _____ Three Day Week _____ Five Day Week

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

Application Date: _____ Check # _____

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

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: (Home): _____ Cell: _____

Father's Religion: _____

Father's Employer: _____

Father's Email: _____

Mother

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: (Home): _____ Cell: _____

Mother's Religion: _____

Mother's Employer: _____

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?

<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian / Other
<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian / Other
<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian / Other
<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian / Other
<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian / Other

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.
CHILDREN MUST BE FULLY POTTY TRAINED TO BEGIN PRE-KINDERGARTEN.**

Parent Signature: _____ Date: _____