



MaryAnne Poeschl, Principal

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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: Last First Middle Phone #:
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:
Address:
City, State: Zip:
Phone: (Home): Cell:
Father's Religion:
Father's Employer:
Father's Email:

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?

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: _____