



St. John the Baptist Catholic School
2304 Church Street – Johnsburg, Illinois 60051 815-385-3959

Registration Form
2017-2018 School Year

Today's Date: _____ Home Parish: _____ Entering Grade: _____

Child's Name: _____ Gender of Child: _____

Address: _____ City: _____ Zip: _____

Place of Birth: _____ Date of Birth: _____

School Last Attended: _____ Child's Religion: _____

Baptism Date: _____ Church: _____

Reconciliation: Yes/No _____ Church: _____

First Communion: Yes/No _____ Church: _____

Confirmation: Yes/No _____ Church: _____

Leg. District: _____ Con. District: _____ Rep District: _____ School District: _____ Student lives _____ miles from school.

Child Lives with: (Please check all that apply)
Both Parents _____ Mother _____ Father _____ Relative _____ Guardian _____ Stepmother _____ Stepfather _____ Other _____

If mother and father are divorced, who has legal custody? _____

Do mother and father have joint custody? Y/N _____

Name of the person with whom you have joint custody _____

Certified copy of custody agreement and joint parenting agreement, if any, must be attached to this form.

Is there is a protective order in place regarding your child? Y/N _____

Certified Copy of Protective Order must be attached to this form.

Father's Name: _____

Address: _____ E-Mail Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Place of Birth: _____ Religion: _____

Occupation: _____ Employer: _____

Married _____ Divorced _____ Separated _____ Deceased _____ Remarried _____ Single _____

Mother's Name: _____ Mother's Maiden Name: _____

Address: _____ E-Mail Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Place of Birth: _____ Religion: _____

Occupation: _____ Employer: _____

Married _____ Divorced _____ Separated _____ Deceased _____ Remarried _____ Single _____