



Saint John the Baptist Catholic School

St. John the Baptist's Preschool Program Registration Form 2014-2015 School Year

Are you a parishioner of St. John the Baptist Parish? _____
Are you a parishioner of another local parish? _____, name of parish _____
Do you have other students currently attending St. John's? _____ any other school? _____
Do you have any younger children at home? _____
If yes name(s) & age(s) _____
Are you interested in continuing your child's education at St. John the Baptist for Grades K-8? _____

Child's Name: _____ Gender: _____ Date of Birth: _____
Last First

Father's Name: _____
Last First

Mother's Name: _____
Last First Maiden

Address: _____
Number Street City Zip School Dist.

Telephone _____
Home Mom's cell Dad's cell e-mail address

Check the session you are interested in your child(ren) attending:

_____ 3 years old by 9/1/14 Tues/Thurs A.M. 8:45 – 11:15 a.m.
_____ 4 years old by 9/1/14 Mon/Wed/Fri AM 8:45 – 11:15 a.m.

Tuition: Two Day Program \$1200.00
Three Day Program \$1650.00

This fee is payable in 10 monthly installments beginning 8/1/14 and the last payment is due on 5/1/15. Quarterly/Semesterly/Yearly plans are also available.

Fees: Registration (non-refundable) - \$50.00 (to hold placement) due at registration
Supply/Material (non-refundable) - \$100.00 due 5/30/14

- State law requires a physical examination of students entering preschool.
- A complete schedule of all required immunizations must be included on the Illinois Department of Health Certificate provided including Hepatitis B, Hib and Chicken Pox.
- The Lead Assessment and Diabetes section of the Health Certificate must be completed.
- Signatures are required in three areas on the Health Certificate – Health History, Immunizations, To be completed by Physician. A dental exam is recommended.
Local school district preschool screening results, if available should be sent to St John's.
- A certified copy of his/her birth certificate (the notarized copy will be copied and returned to you. Hospital certificates are not acceptable.)

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Total Paid: _____ Birth Certificate: _____ Recommended by: _____
Rec'd by: _____ Health Certificate: _____