

ST. JOHN THE BAPTIST CATHOLIC SCHOOL
315 N. CONSTITUTION AVE.
NEW FREEDOM, PA 17349
717-235-3525

2019-2020 REGISTRATION AND EMERGENCY FORM

<u>Junior's (must be 3 by Aug 31st)</u> Teacher: Cathy Christensen (2 or 3 days) ____ 2 Days (T & TH) 9:00-11:30 ____ 3 Days (M/W/F) 9:00-11:30	<u>Senior's (must be 4 by Aug 31st)</u> Teacher: Kelly Ann Miller ____ 3 Days (M/W/F) 9:00-1:00 (Bring lunch daily)	<u>Senior's (must be 4 by Aug 31st)</u> Teacher: Barb Brummett ____ 5 Days (M - F) 9:00-1:00 (Bring lunch daily)
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CHILD'S NAME _____ BIRTH DATE _____ SEX ____
(LAST) (FIRST) (M)

ADDRESS _____ CITY _____ STATE ____ ZIP _____

HOME PHONE _____ ARE YOU PRESENTLY A REGISTERED MEMBER
OF ST. JOHN'S PARISH? YES ____ NO ____

PARENTS OR GUARDIAN WITH WHOM THE CHILD LIVES: _____

ETHNICITY _____

FATHER'S FULL NAME _____ EMPLOYER _____
FATHER'S RELIGION _____ WORK # _____
EMAIL _____ CELL # _____

MOTHER'S FULL NAME _____ EMPLOYER _____
MOTHER'S RELIGION _____ WORK # _____
EMAIL _____ CELL # _____

PERSONAL HISTORY

PREVIOUS SCHOOL EXPERIENCE, IF ANY (CHECK ALL THAT APPLY)

____ 5 Day ½ Sessions _____ Play Group
____ Nursery School _____ Day Care
____ Babysitter with other children _____ St. John's

PLEASE LIST ANY MEDICAL CONDITIONS: (Allergies, Asthma, Speech Therapy, Glasses, etc.) _____

If there is a need for teachers and/or aides to administer medication of any type to your child while in preschool, we must have a signed note from the parent and child's physician.

WHAT WORDS DOES YOUR CHILD USE FOR TOILETING: _____

DOES YOUR CHILD HAVE ANY BOWEL OR BLADDER IRREGULARITIES? _____

ANY SPECIAL FOOD OR EATING INSTRUCTIONS? _____

ANY ADDITIONAL INFORMATION SUCH AS DISCIPLINE, CHILD'S COMMUNICATION, COMFORTING, ETC? _____

(OVER)

FAMILY INFORMATION

NUMBER OF PEOPLE AT HOME _____ AGES OF THE CHILDREN _____

PLEASE LIST ANY OTHER PERSONS LIVING WITH THE CHILD & THEIR RELATIONSHIP (IF ANY) TO THE CHILD

EMERGENCY CONTACTS

NAME/RELATIONSHIP TO CHILD

PHONE #

DAYCARE PROVIDER ON CLASS DAYS

NAME _____ PHONE _____

PERSONS WHO **ARE NOT AUTHORIZED** TO PICK-UP MY CHILD/CHILDREN

SCHOOL DISTRICT MY CHILD WILL ATTEND UPON LEAVING PRESCHOOL _____

REGISTRATION FEE: \$35.00 - NON-REFUNDABLE (Due at time of registration)

WE MUST HAVE PHOTOCOPY OF IMMUNIZATION RECORD ON OR BEFORE FIRST DAY OF SCHOOL

FOR OFFICE USE ONLY:

Registration Date _____

Registration Fee: Check # _____
(receipt ___) Cash _____

PHOTOCOPY OF IMMUNIZATION RECORD

_____ ON FILE _____ WITH REGISTRATION