"X" box to indicate current preschool family [ ]

ST. JOHN THE BAPTIST CATHOLIC PRESCHOOL
REGISTRATION FORM (one form per child)
Return with $50 Registration Fee
To be enrolled, child must be age 3 by August 1 and fully potty trained.

CHILD'S NAME _____   AGE (as of Sept 1) _____

CHILD'S BIRTHDATE _____   (Circle) Boy / Girl

ADDRESS _____
          Street   Apt. #   City   State   Zip

CHILD RESIDES WITH: (Please check all that apply) O Mother   O Father   O Guardian

CHILD'S HOME PHONE: _____

PREFERRED E-MAIL ADDRESS (for summer communication) _____

PARENT'S/GUARDIAN'S NAMES_____
     Please check: O Married   O Separated   O Divorced   O Single   O Widowed

ADDRESSES: **(Complete if different from child's address listed above.)**
   MOTHER:_____   FATHER:_____

          _____   _____

   CELL PHONE: _____   CELL PHONE: _____

   WORK PHONE: _____   WORK PHONE:_____

RELIGIOUS INQUIRY
Is your child Catholic? O Yes O No   Are both parents/guardians Catholic? O Yes O No

Has your child been baptized? O Yes O No Where?_____

Are you a current parishioner of St. John's the Baptist Church, Glandorf, Ohio?   O Yes O No

If not, where are you parishioners? Church/ City:_____

I am aware this is a Catholic Education Preschool and my child will be taught the basic foundations and formations of the Catholic faith.

_____
Parent/Guardian Signature   Date

PRESCHOOL COMMITTEE
The role of this committee is to ensure the operation and function of the preschool follows the preschool's mission and goals; as well as to address any concerns/ compliments that may arise. Committee members also assist with some preschool events (ex. Fundraisers, Open House). Parents may serve a term of 2 or 3 years.
☐ Yes, I am interested in volunteering my services on the Preschool Committee.
☐ No, I am not interested at this time.

_____
Printed name of parent

<u>Preschool Classes/Sessions</u>

***Please label a first ("1") and second ("2") choice for the class you wish to enroll your child into at the time of registration. We cannot guarantee availability for the class of your first choice, but will do our best to accommodate preferences. Final classes offered depend on total enrollment numbers for each age group.

***Preschool classes are separately age grouped as **Pre-K** (children ages 4-5 who will likely attend kindergarten the following year or have summer birthdays and want two years of pre-K) and **3-4 year olds**. Depending on enrollment numbers, it is possible for there to be a mixed age group classroom. Teachers and class sizes will be determined following registration, prior to the start of the school year. Families will receive information about their child's teacher and classroom prior to Open House.

Child's Name (as preferred to be called/ written) _____

Class Group Preference: _____ Pre-K   _____ 3-4 Year Olds   _____ Unsure

FIVE DAY PROGRAM: ONLY IF ENOUGH INTEREST *This class will first be filled with children, four and five years old, planning to attend kindergarten the following year. This is a kindergarten-prep class for PreK students wanting a little extra challenge. Must have full enrollment to hold class.*

____ Monday through Friday Mornings (8:00 a.m. to 11:30 a.m.) $210.00 month

THREE DAY PROGRAM: *This class will first be filled with children, four and five years old, planning to attend kindergarten the following year. Fridays are a great day for us to reinforce concepts taught earlier in the week, which is great for kindergarten preparation. Remaining spaces may be available for 4 year old children who will attend preschool another year.*

____ Mon., Wed. and Friday Mornings (8:00 a.m. to 11:30 a.m.) $140.00 month

____ Tues., Thurs., and Friday Mornings (8:00 a.m. to 11:30 a.m.) $140.00 month

TWO DAY PROGRAM: *Two day program is open to children ages 3-4, as well as Pre-K children who choose not to attend Fridays.*

____ Monday & Wednesday Mornings (8:00 a.m. to 11:30 a.m.) $125.00 month

____ Tuesday & Thursday Mornings (8:00 a.m. to 11:30 a.m.) $125.00 month

*****

_____ **Check here if your class preference is flexible.** Other parents who register later may need a specific day/ section for transportation reasons. We may contact you and ask you to consider another day/ section.

_____ **We need to attend on the same days as (child's name)_____**

******CARPOOL REQUEST: Would you like to help with/create a carpool? Please include relevant information so that you might be included on a list of parents who wish to carpool.
_____ Please share my contact information. I would like to help/arrange a carpool with others.
Please describe the general area (town/ road) your child will be transported to/ from:
_____