

"X" box to  
indicate current  
preschool family

**ST. JOHN THE BAPTIST CATHOLIC PRESCHOOL**  
**REGISTRATION FORM (one form per child)**  
**Return with \$40 Registration Fee**

Office Use Only:  
Number/Date Rec. \_\_\_\_\_  
Check # \_\_\_\_\_

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) ☐ Mother ☐ Father ☐ Guardian

CHILD'S HOME PHONE: \_\_\_\_\_

PREFERRED E-MAIL ADDRESS (for summer communication) \_\_\_\_\_

**PARENT'S/GUARDIAN'S NAMES** \_\_\_\_\_

Please check: ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ 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? ☐ Yes ☐ No Are both parents/guardians Catholic? ☐ Yes ☐ No

Has your child been baptized? ☐ Yes ☐ No Where? \_\_\_\_\_

Are you a current parishioner of St. John's the Baptist Church, Glandorf, Ohio? ☐ Yes ☐ 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. Registration, Open House). Parents may serve a term of 2-3 years.

☐ Yes, I am interested in volunteering my services on the Preschool Committee.

☐ No, I am not interested at this time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Preschool Classes/Session offered for 2016-17 School Year

Please label a first ("1") and second ("2") choice for the class you wish to enroll your child into at the time of registration. Due to class ratios set by the Ohio Department of Job and Family Services, we cannot guarantee availability for the class of your first choice, but will do our best to accommodate preferences. Final class sessions are offered dependent 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 (but not typical) 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**

**TWO DAY PROGRAM:** *(Two day program is open to children ages 3-4, as well as 4-5 year olds who will likely attend kindergarten the following year, but do not want the Friday option.*

\_\_\_\_\_ Monday & Wednesday Mornings (9:00 a.m. to 11:45 a.m.)    \$65.00 month

\_\_\_\_\_ Tuesday & Thursday Mornings (9:00 a.m. to 11:45a.m.)    \$65.00 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 will be open for children ages 3-4.)*

\_\_\_\_\_ Mon., Wed. and Friday Mornings (9:00 a.m. to 11:45 a.m.)    \$95.00 month

\_\_\_\_\_ Tues., Thurs., and Friday Mornings (9:00 a.m. to 11:45 a.m.) \$95.00 month

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\_\_\_\_\_ **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)**\_\_\_\_\_

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**CARPOOL REQUEST:** (You may receive information to aid you in contacting other parents who wish to form a car pool.)

\_\_\_\_\_ I can be contacted by another parent to assist other children with transportation.

\_\_\_\_\_ I am looking for someone to carpool with.

Please describe the general area (town/ road) your child will be transported to/ from:

\_\_\_\_\_