

"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. \_\_\_\_\_  
Reg Fee Paid \_\_\_\_\_

**To be enrolled, child must be age 3 by June 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)  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.

\_\_\_\_\_  
Printed name of parent

Preschool Classes/Sessions

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**

**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 (9:00 a.m. to 11:45 a.m.) \$102.00 month

\_\_\_\_\_ Tues., Thurs., and Friday Mornings (9:00 a.m. to 11:45 a.m.) \$102.00 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 (9:00 a.m. to 11:45 a.m.) \$72.00 month

\_\_\_\_\_ Tuesday & Thursday Mornings (9:00 a.m. to 11:45a.m.) \$72.00 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:** (Would you like to 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 arrange a carpool with other parents. Please describe the general area (town/ road) your child will be transported to/ from:

\_\_\_\_\_