

**St. John the Baptist Catholic School
NEW STUDENT REGISTRATION FORM FOR 2023-2024**

Student's Name: _____
Last First Middle

ADDRESS: _____
PO BOX/ STREET CITY STATE ZIP CODE

HOME PHONE: _____ **CHILD'S SCHOOL DISTRICT:** _____

DATE OF BIRTH: _____ **CITY/STATE OF BIRTH:** _____

ETHNICITY: Hispanic Non-Hispanic

RACE: American Indian/Native Alaskan Asian Black Pacific Islander White Two or More Races

Child's Religion: _____ **BAPTISM DATE:** _____

CHURCH: _____ **CITY/STATE:** _____

Are you registered parishioners of St. John the Baptist Catholic Church? Yes ___ No ___

If not, where are you registered? _____

FIRST COMMUNION DATE: _____ **CHURCH:** _____ **CITY/STATE:** _____

CONFIRMATION DATE: _____ **CHURCH:** _____ **CITY/STATE:** _____

FATHER'S NAME: _____ Deceased () Separated () Remarried ()

FATHER'S OCCUPATION: _____
Occupation Where Phone Number

FATHER'S CELL PHONE: _____ **FATHER'S EMAIL:** _____

MOTHER'S NAME (INCLUDING MAIDEN): _____ Deceased () Separated () Remarried ()

MOTHER'S OCCUPATION _____
Occupation Where Phone Number

MOTHER'S CELL PHONE: _____ **MOTHER'S EMAIL:** _____

CHILD'S RESIDES WITH: _____

CHILD'S PHYSICIAN: _____ **PHONE NUMBER:** _____

PHYSICIAN'S ADDRESS: _____

CHILD'S DENTIST: _____ **PHONE NUMBER:** _____

SCHOOL LAST ATTENDED: _____

SCHOOL ADDRESS: _____
Street City State Zip Code

NAME OF PRINCIPAL: _____

ENROLLING IN GRADE: _____ AGE: _____ SEX: _____

IF YOU ARE ENROLLING IN THE JAGUAR CUBS (3 YEAR OLDS) OR THE JR. KINDERGARTEN (4 YEAR OLDS) CLASS, PLEASE CIRCLE THE SESSIONS YOU WOULD LIKE TO ATTEND.

½ Days Full Days

Monday Tuesday Wednesday Thursday Friday

Does your commitment to St. John the Baptist School extend to Kindergarten through 8th grade?
Yes ___ No ___

- To be admitted into the Jaguar Cubs program, the child must be three years of age by September 1st.
- To be admitted into the Junior Kindergarten program, the child must be three years of age by September 1st.

Your child must be toilet trained in order to enter preschool. Does your child take total responsibility for his/her toilet needs? Yes ___ No ___

Are you, as parents, or guardians of this child, willing fully to cooperate with the principal and the teachers in upholding all of St. John the Baptist School Policies of the Diocese of Belleville and of St. John the Baptist School Board? Yes ___ No ___

SIGNATURE OF PERSON COMPLETING THIS FORM: _____

Are there any other children in the household? Yes ___ No ___
If yes, please complete the chart below.

Siblings' Names	Birth Date (Month/Year)	Attending St. John's	Applying to St. John's	Current School
		Yes ___ No ___	Yes ___ No ___	
		Yes ___ No ___	Yes ___ No ___	
		Yes ___ No ___	Yes ___ No ___	