

**St. John the Baptist Catholic School  
NEW STUDENT REGISTRATION FORM FOR 2022-2023**

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 E-MAIL: \_\_\_\_\_

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

MOTHER'S OCCUPATION \_\_\_\_\_  
Occupation Where Phone Number

MOTHER'S CELL PHONE: \_\_\_\_\_ MOTHER'S E-MAIL: \_\_\_\_\_

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 ___	