

# SAINT JOHN'S PRESCHOOL

St. John the Baptist RC Church  
1488 North Country Road  
Wading River, New York 11792

(631) 929-3220

Fax (631) 929-6961

## REGISTRATION FORM - 2019/2020

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MALE / FEMALE  
(Please print)

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Are you Catholic? \_\_yes \_\_no. If so, what Parish do you belong to? \_\_\_\_\_

Phone #: \_\_\_\_\_ School District: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Dr.'s Phone #: \_\_\_\_\_

## EMERGENCY CONTACTS

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

## PLEASE CIRCLE ONE:

### Pre-Kindergarten-4 Year Olds (as of 12/1/19)

Mon/Tues/Wed/Thurs/Fri 9:00 A.M. to 11:45 A.M.

Mon/Wed/Fri 9:00 A.M. to 11:45 A.M.

Tues/Wed/Thurs 12:00 P.M. to 2:30 P.M.

### Nursery- 3 Year Olds (as of 12/1/19)

Tues/Thur 9:00 A.M. to 11:30 A.M.

Tues/Thur/Fri 9:00 A.M. to 11:30 A.M.

Tues/Thur 12:00 P.M. to 2:30 P.M.

Tues/Wed/Thur 12:00 P.M. to 2:30 P.M.

### Parent/Toddler Time- 18 mths to 2 yrs.

Wednesday 12:00 PM to 2:00 PM.

### Talented Twos- 2 Year Olds (as of 12/1/19)

Mon/Fri 9:15 A.M. to 11:30 A.M.

Mon/Wed/Fri 9:15 A.M. to 11:30 A.M.

**PLEASE READ AND SIGN THE FOLLOWING:**

I, the legal guardian/parent of the above-named applicant to St. John's Preschool program, hereby give my approval for my child to participate in all school activities sponsored by this preschool program. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local parish, the organizers, sponsors, supervisors and participants for any claim arising out of injury to my child, whether the result of neglect or from any other cause, except to the extent and in the amount covered by accident or liability insurance.

**Registration Policy:** I understand a ninety dollar (\$90) non-refundable registration fee plus the last tuition installment is required at the time of registration. This tuition deposit is non-refundable. Registration for any program will not be guaranteed until this fee is paid.

**Withdrawal Policy:** If a child has to withdraw under any circumstances, a written note must be submitted and the spot must be filled before any reimbursement will be issued.

**Tuition Policy:** If I choose a tuition payment plan, I understand tuition installments are due the first of each month beginning September 1<sup>st</sup> and ending with the May 1<sup>st</sup> installment, providing the last tuition installment has already been paid. A Ten Dollar (\$10) late fee will be applied to my account for any payment not received by the end of the ten-day grace period.

**Returned Check Policy:** A Fifteen Dollar (\$15) bank service charge will be applied to my account for any returned checks.

We also offer MASTER CARD/VISA/AMERICAN EXPRESS.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Registered For: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash Receipt #: \_\_\_\_\_

Received By: \_\_\_\_\_

Contract & Confirmation Sent: \_\_\_\_\_

Health Examination Form Sent: \_\_\_\_\_

Parent Orientation Letter Sent: \_\_\_\_\_

Parish Registration Verified: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_