

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 - 2020/2021

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 12/1/20)

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 12/1/20)

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 12/1/20)

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 1st and ending with the May 1st 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: _____

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: _____
