

# 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 2024-2025

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 are you registered in? \_\_\_\_\_

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 12/1/24)

Monday-Friday 9:15 A.M. to 12:00 P.M.

Mon/Wed/Fri 9:15 A.M. to 12:00 P.M.

Tues/Wed/Thurs 12:15 P.M. to 2:45 P.M.

### Nursery- 3 Year Olds (as of 12/1/24)

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

Mon/Wed/Fri 9:00 A.M. to 11:30 A.M.

Monday-Friday 9:00 A.M. to 11:30 A.M.

Tues/Thurs 12:15 P.M. to 2:45 P.M.

### Talented Twos- 2 Year Olds (as of 12/1/24)

Mon/Wed 9:30 A.M. to 11:45 A.M.

Tues/Thurs 9:30 A.M. to 11:45 A.M.

Tues/Wed/Thurs 12:15 P.M. to 2:45 P.M.

**PLEASE READ AND SIGN THE FOLLOWING:**

**Registration Policy.** Your child’s class placement is guaranteed upon receipt of the Registration Fee and Tenth Installment.

**Withdrawal Policy:** Should your child withdraw for any reason; a written note must be submitted.

**Tuition Policy:** When you choose a tuition payment plan, the 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 your 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 your account for any returned checks.

We also offer MASTER CARD/VISA/AMERICAN EXPRESS payment options.

*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, except to the extent and in the amount covered by accident or liability insurance.*

*I also understand the above policies and that the Registration Fee and the Tenth Installment are non-refundable.*

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

\_\_\_\_\_