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 2026-2027

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

Home Address: _____

Town: _____ State: _____ Zip Code: _____

Email: _____

Mailing Address (if different from home):_____

Home Phone #_____

Are you Catholic? __yes __no. If so, what Parish are you registered in?_____

School District: _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Cell Phone #: _____ Cell Phone #: _____

Pediatrician: _____ Dr.'s Phone #: _____

EMERGENCY CONTACTS (other than parents)

Name: _____ Name: _____

Relationship to Child: _____ Relationship to Child: _____

Phone #: _____ Phone #: _____

Does Your Child Have Any Allergies?_____

PLEASE CIRCLE ONE:

Pre-Kindergarten-4 Year Olds (as of 12/1/26)

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 12/1/26)

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

Talented Twos- 2 Year Olds (as of 12/1/26)

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

_____

Revised 12/10/2025