

**St. John the Baptist Catholic School
Enrollment Application 2010-2011
3 YEAR OLD PRE-SCHOOL PROGRAM**

Birth Certificate	_____
Baptismal Certificate	_____
Test Scores	_____
Report Cards	_____
Immunization Rec.	_____
Application Fee	_____
Receipt No.	_____

Date: _____ Age last birthday _____ Male/Female _____ S.S.# _____

Name _____
(Last) (First) (Middle)

Residence _____
(Address) (City) (State) (Zip)

Phone (____) _____ Email _____

Place of Birth _____ Birth Date _____ Gender: Male/Female
(City) (State) (Mo.) (Day) (Year)

Father _____ Cell Phone # _____ Religion _____
(Last) (First)

Employer _____ Work Phone _____ ext _____

Mother _____ Cell Phone # _____ Religion _____
(Last) (First)

Employer _____ Work Phone _____ ext _____

Marital Status: ___ Married ___ Separated ___ Divorced ___ Single Parent ___ Deceased Spouse

Person(s) with legal custody _____

School last attended _____
(Name of school) (City) (State)

Siblings Name	Age	School Name (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OVER PLEASE