



Christian Beginnings Preschool of St. John Vianney

Registration Application

Child's Name: _____ Prefers to be called: _____

Date of Birth: _____ Female _____ Male _____

Address: _____ Phone: _____

In which class do you want to enroll your child?

3 Year old – Tuesday, Thursday Class (9:00 AM TO 12:00 noon)

4 Year old – Monday, Wednesday, Friday Class (9:00 AM TO 12:00 noon)

Will this child turn the class age by September? Yes No Is this child independently toilet trained? Yes Will be

PARENT/GUARDIAN INFORMATION:

Mother's name: _____

Father's name _____

Cell phone (mom) _____

Cell phone (dad) _____

Email: _____

Email: _____

Mother's employer _____

Father's employer _____

Mother's work phone _____

Father's work phone _____

What position in the family is this child? (1st, 2nd, etc?): _____

Names, ages and Birthdates of siblings. _____

Does the child live with both parents? Yes No If no, is there a Legal Custody Agreement in Place? Yes No

If yes, please provide a copy to the school for the protection of your child.

Religion and Church attended by family. _____

Child's doctor-name: _____

Phone #: _____

Child's dentist-name: _____

Phone #: _____

Does this child have any medical, physical or educational concerns we should be aware of? Yes No

Please Explain: (use back if necessary) _____

All of the above information is true to the best of my knowledge

Parent/Guardian Name: (print) _____

Date: _____

Parent/Guardian Signature: _____

For Office Use Only

R SJV New Date: _____ Time: _____ Fee Paid: _____