

**ST. JOHN'S SCHOOL**  
**1 W CHISHOLM ST. DULUTH, MN 55803**  
**PRESCHOOL REGISTRATION FORM**

**STUDENT INFORMATION**

<hr/>	<hr/>	<hr/>	<hr/>
Last Name (Legal Only)	First Name (Legal Only)	Middle Name	Entering Grade
<hr/>	<hr/>	<hr/>	<hr/>
Date of Birth	Place of Birth	Age by Sept. 1	
<hr/>	<hr/>	<hr/>	
School Last Attended	Address	City	State
<hr/>	<hr/>	<hr/>	<hr/>
<input type="checkbox"/> Catholic Parish: <input type="checkbox"/> St. John's <input type="checkbox"/> St. Joseph's <input type="checkbox"/> Other _____ <input type="checkbox"/> Non Catholic			

Black     Hispanic     Asian  
 American Indian     White  
 Multiracial     Native Hawaiian/Pacific  
 \*We do not discriminate due to religion or race, the information is needed for reporting purposes.

**ADDRESS**

<hr/>	<hr/>	<hr/>
Street Address	City	State
<hr/>	<hr/>	<hr/>
Zip Code	Home Telephone Number	Student Living With (please specify relationship) e.g. Both Parents, Mother, Father, Other
<hr/>	<hr/>	<hr/>

**PARENT INFORMATION**

<hr/>	<hr/>	<hr/>	<hr/>
Father's Name	Place of Employment	Work #	Ext. #
<hr/>	<hr/>	<hr/>	<hr/>
Cell #	Address (if different than above)	City, State, Zip Code	
<hr/>	<hr/>	<hr/>	
Mother's Name	Place of Employment	Work #	Ext. #
<hr/>	<hr/>	<hr/>	<hr/>
Cell #	Address (if different than above)	City, State, Zip Code	
<hr/>	<hr/>	<hr/>	

**ENROLLMENT OPTIONS**

Please check the following preferences:

**Preschool**     Tues. & Thurs. 12:00-2:30 (recommended for children attending the first year of two)  
 Mon., Wed., & Fri. 12:00-2:30 (recommended for children the year before kindergarten)  
 Mon., - Thurs., 8:30-11:00 (recommended for children 5 yrs old or the year before kindergarten)

**OFFICE USE**

<hr/>	<hr/>		
Date of Registration	Date Enrolled		
<hr/>	<hr/>		
<input type="checkbox"/> Deposit	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Birth Certificate	
Ck # _____ Date _____ Amt. _____	<input type="checkbox"/> Release Authorization	<input type="checkbox"/> Health History	