ST. JOHN KINDERGARTEN, LITTLE CHUTE
Where you get FAITH-Everyday!

Name of Child:_____ Gender:_____ Birthdate:_____

Birthplace: _____ Home Phone Number:_____

Date entering St. John School:_____ Home Parish: _____

School District of Residence:_____ Name of previous school (if any) :_____

Home Address: _____
Street Address City Zip

Father's

Name:_____ Religion:_____ Email:_____

Occupation:_____ Employer:_____ Work Phone: _____

Mother's

Name:_____ Religion:_____ Email:_____

Occupation:_____ Employer:_____ Work Phone: _____

Parents (check one): Married___ Separated___ Divorced___ Deceased___(which parent:_____)

Child lives with:_____

Other Children in Family: Number of boys _____ Number of girls_____
Number of older_____ Number of younger_____

Name of Last Teacher: _____

Signature of Parent: _____ Date: _____

Please Note: A $50 non-refundable deposit is required to hold your place.

Session Selected: ___ Full Day Kindergarten M-F 7:45 am-3:00 pm
___ Extended-Day Kindergarten M/W 7:45 am-3:00 pm & T/TH/F 7:45-11:15 am

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FOR OFFICE USE: Paid: _____ Baptism Certificate: _____