



ST. JOHN PRE-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. The \$50 will be deducted from your tuition balance.

Session Selected: 4 year old \_\_\_M-F (7:45-3:00) \_\_\_M/W/F (7:45-11:00 am) \_\_\_M/W/F (7:45-3:00)

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FOR OFFICE USE: Paid: \_\_\_\_\_