



St. John The Evangelist

Preschool Registration Form

321 N. Market St., Logan, OH 43138

stjohnlogan.org (740)385-2767

PROGRAM SELECTION: 3 or 5 DAY PROGRAM

PLEASE SELECT ONE OPTION BELOW

☐ Mon, Wed, Fri (3 days) ☐ Mon-Fri (5 days)

STUDENT INFORMATION

Full First Name:	Middle:	Last:
Date of Birth:	Gender:	SSN (required):
Address:	City:	Zip:
Religious Affiliation:	Parish:	Baptised: Yes or No

Race: (You are not required to answer this question)

☐ White ☐ Black ☐ Asian ☐ Hispanic ☐ Other

PARENT INFORMATION

Father's Name:	Mother's Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Work Phone #:	Work Phone #:
Email (required):	Email (required):
Religious Affiliation:	Religious Affiliation:
Parish:	Parish:
Birth City and State:	Birth City and State:
Occupation:	Occupation:
Place of Employment:	Place of Employment:

Home Status: Please check all that apply

☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Guardian ☐ Mother Deceased ☐ Father Deceased

Fill out the following if it applies to the student's home status, divorced, separated, guardian, or other.

Name of Primary/Custodial Parent and Relationship:	
Do you wish for school mailings to be sent to both parents? <input type="radio"/> Yes <input type="radio"/> No	
St. John the Evangelist is required to have a copy of the custodial orders on file.	
Other (parent-like) Adult in Father's Home	Other (parent-like) Adult in Mother's Home
Name:	Name:
Relationship: <input type="radio"/> Step-parent	Relationship: <input type="radio"/> Step-parent
<input type="radio"/> Other :	<input type="radio"/> Other :