

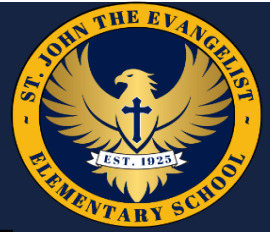


# St. John The Evangelist

Preschool Registration Form

321 N. Market St., Logan, OH 43138

stjohnlogan.org (740)385-2767



**Start/End Times 8:30-3:15**

**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, please circle: (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 circle 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.**

Do you wish for school mailings to be sent to both parents? Yes or 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 :