

St John Nepomucene Registration Form DUE June 27, 2019

Office use only

Date rec'd _____ / _____ / _____
Tot. owed _____ Amt. paid _____
Balance due _____
Check # _____

Mother's Last, First Name _____,

Maiden Name _____

Father's Last, First Name _____,

Address where all church mail should be sent- _____

Home Phone - _____

Phone to be called for cancellations _____, whose phone is this? _____

Provide your Email _____

Emergency contact _____, _____, _____
Name phone alternate phone

All new students must include a copy of Baptismal certificate, unless Baptized at St. John Nepomucene or Registration cannot be processed.

Class times are as follows:

Gr. 2-6, parish center – Mon-Tues., 4:30-5:30, 5:45-6:45 or Monday 7-8pm

Gr. 7-8, parish center – Mon.5:45-6:45 or 7-8pm; Tues 5:45-6:45

Gr. 2-8, home class – Please indicate teacher's name (and day/time of class if you know it).

Gr. 2-8, GIFT – Our home teaching option, please write GIFT on the choice line.

1- _____ / ____ / ____
Child's legal name birth date religion grade church of Baptism

_____ / _____
First choice of day/time second choice of day/time office use only class assignment

My child is allergic to _____ My child has no allergies _____ (parent's initials)

2- _____ / ____ / ____
Child's legal name birth date religion grade church of Baptism

_____ / _____
First choice of day/time second choice of day/time office use only class assignment

My child is allergic to _____ My child has no allergies _____ (parent's initials)

3- _____ / ____ / ____
Child's legal name birth date religion grade church of Baptism

_____ / _____
First choice of day/time second choice of day/time office use only class assignment

My child is allergic to _____ My child has no allergies _____ (parent's initials)

Do any of your children have an IEP/ 504 program at the school they attend? If so please explain so we may best serve you _____

All info will be kept confidential, it is just for us to better place your child

~ Please enclose fee of \$110 for one child, \$160 for 2 or more children. Early Bird discount!!!!!! Submit payment by June 27th and pay the rate of \$100 or \$150! Remember children are placed on a first come first served basis! Also teachers pay half price, let us know if you can teach a class.

INFORMATION FORM FOR CHILD WITH SPECIAL NEEDS

This form is to be filled out each year.

Name: _____

Phone _____

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Room No. _____

Grade Level: _____

Day & Time _____

Grade in School: _____

Self-contained classroom _____ Mainstreamed _____

Classification of Special Needs:

Developmental Delay _____

Learning Disabled* _____

Emotional Problem _____

Neurologically Impaired _____

Blind/Hearing Impaired _____

Autism _____

Allergies (Please be specific) _____

Gluten and or Celiac _____ Epi-pen _____

*If Learning Disabled, please specify

_____ Dyslexia

_____ Hyperactivity

_____ Attention Deficit

_____ Visual/Auditory

_____ Memory/Thinking Disorder

_____ Coordination Deficit

_____ Perceptual/Motor Impairment

_____ Impulsivity

Other _____

Pertinent medical information (Medications, seizures, diabetes, asthma, Epi pen, etc.)

Other information which will be helpful for the teacher to know
