



# St. John Catholic School

1912 West Main Street, Russellville, AR 72801 • Phone: 479-967-4644 • Fax: 479-967-4645

## Pre-K Registration Form 2014-15

Student Information				Enrollment date:	
Students name [first, middle & last]:			Social Security No.		
Home Street Address		City	State	Zip	
Home Phone	Religion of Student	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male		

**Student:** ☐ African American ☐ Hispanic ☐ Asian ☐ Amer. Indian/Alaskan ☐ Caucasian ☐ Multiracial

**Parent(s):** ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Other: \_\_\_\_\_

**Student(s) live with (Check all that apply):** ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather

☐ Other: \_\_\_\_\_ (in the case of divorce, adoption, foster parenting or other court ordered custody, attach a copy of the court order granting custody)

### Check all that apply:

☐ Active St. John's Parishioner ☐ New Student with sibling at SJC School. ☐ Non-Parishioner ☐ A parent is an alumnus of SJC School.

**Family e-mail:** Primary E-mail: \_\_\_\_\_

May we publish name, address, phone #, and email address in the PTO Directory: ☐ Yes ☐ No

Parent / Guardian Information					
Check one: <input type="checkbox"/> Father <input type="checkbox"/> Step-father			Check one: <input type="checkbox"/> Mother <input type="checkbox"/> Step-mother		
Name			Name		
Home Address			Home Address		
City	State	Zip	City	State	Zip
Work Phone	Alt / Cell Phone		Work Phone	Alt / Cell Phone	
Employed by	Work Hours		Employed by	Work Hours	

Attach a copy of Birth Certificate, Immunization Record, Social Security Card, and Baptismal Record (Catholics only). A student is only eligible for the Catholic tuition rate if the child has a certificate of Catholic Baptism filed with the school and if the family is a registered tithing member of St. John's Catholic Church. (Handbook – Policies and Regulations).

Non-custodial Parent Information (if applicable)			
Name	Phone	Religion	
Home	City	State	Zip
Employed by	Work Phone	Alt / Cell Phone	
E-mail:	Work Hours		

Child's Development Needs	
Physical or emotional problems the child may have:	
Child's special food needs: <input type="checkbox"/> Diabetic diet <input type="checkbox"/> Allergies <input type="checkbox"/> Temper Tantrums <input type="checkbox"/> Biting <input type="checkbox"/> Other	
Explain:	
Child is toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(All children attending Pre-K must be trained to use the toilet and attend to self).</b>	
Favorite things your child likes to do or play with.	
Games:	Toys: Foods:
Other useful information:	



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All children attending Pre-K must be trained to use the toilet and attend to their own needs.

Entrance Age – Pre-K students must be three years of age by August 1 of year entering school.

Kindergarten students must be five (5) years old on or before September 1 of year entering school.  
(Catholic Schools only)

Documentation of the state required immunizations plus a birth certificate, Catholic Baptismal Certificate (original with raised seal must be seen by school official), and a social security number are to be presented at the time of registration of all students.



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(This form must be completed for each student enrolled in St. John's Catholic School)

## Medical Emergency Care Form 2014-15

Student First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade 2014-15 \_\_\_\_\_

### Emergency Contacts

Contact #1 (First person to be called. Suggest parent)				Contact #2			
Name				Name			
Relationship				Relationship			
Home Address				Home Address			
City		State	Zip	City		State	Zip
Work Phone		Alt / Cell Phone		Work Phone		Alt / Cell Phone	
Home Phone				Home Phone			

### Authorized for Pickup (Other than parent/guardian)

Name	Relation	Home Phone	Alternate / Cell Phone

### Medical Information

	Name / Description	Dosage / Explanation
Allergies		
Medications		
Known Diagnosis		

### Emergency Procedure

	Name	Address	Phone / Fax Numbers
Doctor			
Dentist			
Hospital			
Insurance Co.			

In case of an emergency, if the undersigned parent(s) or guardian cannot be reached at the telephone numbers shown, consent is given to take any of my child(ren) to the aforementioned doctor. In the event of his unavailability, any doctor on the staff of said clinic and/or hospital is authorized to utilize whatever medical techniques are deemed necessary, including surgery. The undersigned acknowledge their responsibility for all reasonable medical expenses so incurred.

\_\_\_\_\_  
Parent(s) / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) / Guardian Signature

\_\_\_\_\_  
Date



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## Extended School Care Information 2014-15

### Student Information

Student(s) Name	Nickname (if preferred to first)	Grade entering 2014-15

### Parent / Guardian Information

Check one: <input type="checkbox"/> Father <input type="checkbox"/> Step-father				Check one: <input type="checkbox"/> Mother <input type="checkbox"/> Step-mother			
Name				Name			
Home Address				Home Address			
City		State	Zip	City		State	Zip
Work Phone		Alt / Cell Phone		Work Phone		Alt / Cell Phone	
Employed by		Religion		Employed by		Religion	

### Non-custodial Parent Information (if applicable)

Name		Phone		Faith	
Home		City		State	Zip
Employed by		Work Phone		Alt / Cell Phone	

### Authorized for Pickup (Other than parent/guardian)

Name	Relation	Home Phone	Alternate / Cell Phone

### ESC Scheduled Usage

☐ AM ☐ PM ☐ Both AM / PM ☐ Occasionally

\_\_\_\_\_  
Parent(s) / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) / Guardian Signature

\_\_\_\_\_  
Date



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## Driver's Liability Form 2014-15

I, \_\_\_\_\_, have agreed to drive students for off campus activities. I understand that I must have liability insurance in the amount consistent with the laws of the state of Arkansas. All passengers in my vehicle will be wearing seat belts.

### ■ Vehicle Information

How many children can travel with seat belts? \_\_\_\_\_

### ■ Insurance Information

Insurance Provider: \_\_\_\_\_

Agents Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_

### ■ Contact Information

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### Required Information

A copy of your valid driver's license and current Insurance card will need to be on record in the school office.

Document	Current Yes or No	Copy attached
Driver's License		
Current Insurance Card		

Signed \_\_\_\_\_

Date \_\_\_\_\_



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## Publicity Release 2014-15

Throughout the school year, the school will conduct activities that may be publicized through local or national news media. These activities may include interview sessions with news reporters; photographers of individual students or groups of students for newspapers or various school system publications including newsletters, calendars, and brochures; and videotaping for local and national television news programs, cable programming, and school system promotional videos.

Please **check one** of the two statements below. **Sign and return** this document to your child's school.

\_\_\_\_\_  
Child name

\_\_\_\_\_  
Child name

\_\_\_\_\_  
Child name

\_\_\_\_\_  
Child name

- ☐ I/we **grant permission** for my/our child(ren)'s voice and photographic likeness to be used by St. John Catholic School personnel, or reporters, journalist or photographers employed by news media.
- ☐ I/we **do not grant permission** for my/our child(ren)'s, voice and photographic likeness to be used by St. John Catholic School personnel, or reporters, journalist or photographers employed by news media.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date