

St. John's Weekday Church School
910 Allentown Road
Sellersville, PA 18960
(215) 257-9643

Name of child _____ Date of birth _____

Preferred name/nickname _____ Home Phone _____ Cell Phone _____

Father's name _____ Mother's name _____

Address _____

E-mail Address _____

Brother's / Sister's names & ages _____

Child's Physician _____ Phone _____

Physical handicaps, medical condition, food allergy or speech development _____

Please attach verification of immunizations for:

Measles, mumps, rubella, polio, diphtheria, whooping cough

Verification attached: _____ note from doctor or _____ copy of immunization booklet

In the event of an emergency, please contact the following place of employment, neighbor, or relative:

Mother's employer _____ Phone _____

Father's employer _____ Phone _____

Relative or neighbor _____ Phone _____

Address _____

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Please check one or more of the following:

_____ My child will be 3 years old before September 1, 2012 and I wish to enroll he / she in St. John's Tuesday / Thursday morning program.

_____ My child will be 4 or 5 years old before September 1, 2012 and I wish to enroll he / she in St. John's Monday / Wednesday / Friday Pre-K program.

Parents:

Please enclose a \$45.00 registration fee.

Please submit completed application, medical paper, and fee at the same time. Thank you.

How did you come to hear about our school? _____
