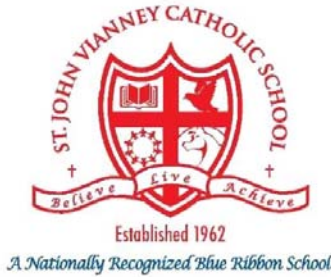


Preschool Registration

2012-2013

St. John Vianney Catholic School
6200 S. Orange Blossom Trail
Orlando, FL 32809
Phone: (407) 855-4660
Fax: (407) 857-7932
Email: sjvs@sjvs.org
www.sjvs.org



Registration Fee \$140.00
(Non-Refundable)

Date: _____

Check # _____ \$ _____

Cash \$ _____

Student Last Name _____ First Name _____ MI _____

Date of Birth _____ Place of Birth/City & State _____ Male _____ Female _____

Religion _____ Sacraments Received: Baptism _____ Eucharist _____ Penance _____ Confirmation _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Father's Name _____ Religion _____

Employer _____ Business Phone _____ Cell Phone _____

Mother's Name _____ Religion _____

Employer _____ Business Phone _____ Cell Phone _____

Preferred Email Address _____

Check Predominant Ethnic Background

- Caucasian/White Black/African American Hispanic Asian Multi-racial
 American Indian/Native Alaskan Native Hawaiian/Other Pacific Islander Other _____

Brothers and/or sisters enrolled in St. John Vianney Catholic School:

Name _____ Grade _____ Name _____ Grade _____

Parents are: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

Student lives with: Both Parents _____ Mother _____ Father _____ Grandparents _____ Guardian _____ Other _____

Does your child have any illness, allergies or physical conditions which should be brought to our attention?
If yes, please explain: _____

Has your child been identified as having a learning disability? Does your child have any other special need?
If yes, please explain: _____

To which Parish do you belong? _____

If you are applying for admittance: Your child will be eligible for acceptance only after all information has been received and evaluated.

Signature of Parent or Guardian _____ Date _____