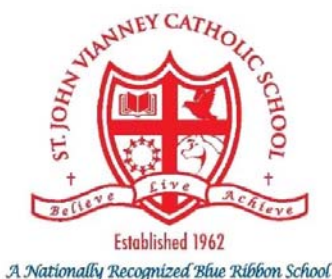


# Preschool Registration

2011-2012

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](mailto:sjvs@sjvs.org)  
[www.sjvs.org](http://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 \_\_\_\_\_