



## St. John Regional Catholic School

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Rev. Joseph E. Daniels, S.T.L., Pastor

Claudette Massey, Principal



### Registration Form 2011-2012

(A registration fee must accompany this completed registration form. The fees are as follows:

First child \$100.00, Second child \$75.00 each child thereafter \$50.00.)

Name of Student: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First) (Middle)

Student's Current Address: \_\_\_\_\_

Student's Mailing Address (if different from above): \_\_\_\_\_

Grade in September: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's City and State of Birth: \_\_\_\_\_

Student's Nursery or Preschool: \_\_\_\_\_ Dates Attended \_\_\_\_\_

Child lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other

#### Parent Information

Father's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Level of Education : \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Level of Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Marital Status of parents: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single

*Our mission:*

*Our school offers a Catholic atmosphere to provide quality education and spiritual development to our students and their families.*