

SAINT JOHN THE BAPTIST SCHOOL

19 Chestnut Street
Peabody, Massachusetts 01960
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Admissions
Ext. 340

Thursday Morning Playgroup Application

Date: _____

Child's Name _____
First Middle Last

Address _____

City _____ Zip Code _____

Telephone Number _____

E-mail address _____

Child's date of birth _____

Do you have siblings attending St. John's School? _____

Name of Parent attending with child _____

Session(s) you would like to attend

Session 1 _____ Session 2 _____ Session 3 _____

The fee for each session is \$60.00.

THE FEE IS NON-REFUNDABLE.

This program is available on a first come, first served basis and registration will be limited. Payment must accompany your registration form and all checks should be made payable to St. John School. Thank you.