ST. JOHN THE BAPTIST SCHOOL
A MINISTRY OF ST. ELIZABETH'S PARISH
"We Are All Family"

217 Hubbard Street • Ludlow • MA • 01056
Phone: 413-583-8550 | Fax: 413-589-0544
Email: Srose@sjbludlow.org
Family School Association: fsa@sjbludlow.org
Facebook: www.facebook.com/sjbfsa
Website: www.sjbludlow.org • Voicemail: 413-366-1SJB

Dear Parent/Guardian,

Thank you for considering St. John the Baptist School for your child's education. Here at SJB we stand behind our mission statement and know that we can provide a quality, faith filled education for all of our students.

Please use the checklist below to help complete your application. All completed forms and documentation must be submitted before your child can be accepted.

- ☐ $25 Family Application Fee
- ☐ Preschool Student Application
- ☐ Annual Contact & Health Update
- ☐ Family Acknowledgement Form
- ☐ Records Request Form (if applicable)

In addition to the above attached forms, we will need copies of the following documentation:

- ☐ Birth Certificate
- ☐ Most Recent Physical Exam
- ☐ Baptismal Certificate (if Catholic)
- ☐ Immunization Records

As required by the Massachusetts Department of Public Health, students entering Nursery School must provide written evidence of:

4 doses of DTP
3 doses of Polio
3 doses of Hepatitis B
1 dose varicella (chicken pox) or record of disease
4 doses HIB
1 dose of MMR
Influenza Vaccine
Rotavirus Vaccine
Lead screening Test Date and result
Vision Screening
Hearing Screening

Contact our school nurse at nurse@sjbludlow.org with any medical questions or concerns you may have.

No student will be allowed to complete enrollment and join class until all of the required paperwork has been completed and submitted.

Please feel free to call me if you would like more information about any of our programs, or to schedule a tour.

God Bless,

Shelly Rose,
Principal

St. John the Baptist School
PRESCHOOL APPLICATION 2026-2027

A COPY OF THIS FORM MUST BE COMPLETED FOR EACH CHILD APPLYING FOR THE 2026-2027 SCHOOL YEAR.
Please complete ALL of the fields below. If you have additional questions, please call the office for assistance. 413-583-8550

1. Student Information:

Preschool Schedule Selection? (Check one) ☐ Full Time (8:00 am – 2:00 pm) ☐ Part Time (8:00 am – 11:00 am)

Days Requested: (Check all that apply): ☐ 5 Days/Week
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Childs Name: _____ Phone Number: _____
(last name) (first name) (middle name)

Home Address: _____
(street) (city) (state) (zip)

Date of Birth: _____ Place of Birth: _____ Gender: ☐ M ☐ F

Who does the student live with? _____ Childs Primary Language: _____

Would your child attend the before school or extended care program? (Check one) ☐ Yes ☐ No

Ethnicity: (check one) ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race: (check one) ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Native Alaskan
☐ Native Hawaiian/Pacific Islander Other:

St. John the Baptist School requires that all applicants provide the ethnicity and race information above to complete forms specified by the Diocese of Springfield, The National Catholic Educational Association, The Ludlow Public Schools, and the State of Massachusetts.

School(s) Previously attended (including preschool):

_____
(School) (City, State) (Dates Attended) (Grade(s))

_____
(School) (City, State) (Dates Attended) (Grade(s))

We are associated with _____ church/parish located in _____.

_____
(Baptism Date) (Church) (City/State)

2. Family Information:

Father (Please check if this is the individual responsible for payment of tuition & fees ☐)

Name:	Email Address:
Home Address if different from above:	
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Name of Stepparent (if applicable):	Stepparent Phone:

Mother (Please check if this is the individual responsible for payment of tuition & fees ☐)

Name:	Email Address:
Home Address if different from above:	
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Name of Stepparent (if applicable):	Stepparent Phone:

Legal Guardian (if applicable) (Please check if this is the individual responsible for payment of tuition & fees ☐)

Name:	Email Address:
Home Address if different from above:	
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:

Sibling Information (if applicable)

Name	Age	Gender	School Attending

3. Health History

ALLERGIES: (list all allergies, i.e. foods, insects, medications - note any severe or anaphylactic reactions)

☐ **Check here if your child requires the use of an EpiPen to manage allergic reactions.**

Does your child have any chronic illnesses, or other items you would like to bring to the attention of the school nurse?

_____

Does your child have any physical/other limitations that require program modifications/restrictions? (for ex. IEP/504 etc.)

(Check one) ☐ Yes ☐ No

If yes, please explain_____

What prescription or over the counter medication, if any, does your child take at home?

_____

Would your child need to have prescription medication at school? (Check one) ☐ Yes ☐ No

If yes, please specify_____

4. Health Insurance Information

Diocesan Regulation states that all children must be covered by health insurance. If you do not have health insurance for your child, you must take the school insurance offered.

Please Check One:

☐ Does have insurance, information below.

☐ Does not have insurance coverage but will enroll in the School Insurance Program underwritten by the National Union Fire Insurance Co. (Must enroll by September 9, 2026)

5. General Information

How did you hear about our school? _____

What most influenced your decision to enroll your child?

_____

What do you hope your child will gain from this experience?

_____

Please list any family members who have attended St. John the Baptist:

_____

(last name) (maiden name, if applicable) (first name) (years attended)

_____

(last name) (maiden name, if applicable) (first name) (years attended)

The completed application should be returned along with copies of:

***Non-Refundable Registration Fee ($25.00)** ***Baptismal Certificate (if Catholic)** ***Birth Certificate** ***IEP/504 Plans**
***Most Recent Physical Exam** ***Immunization Records** ***Parent Questionnaire Form (attached)**

In completing this application, I(we) agree to meet the financial and service commitments outlines. Further, I(we) agree to abide by the guidelines established in the school handbook.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

DISCLAIMER: By typing your name above, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form. **ALL Electronically signed** forms must be returned by email to sjboffice@sjbludlow.org - **Printed forms** must have original signature, and may be returned to the school by mail or dropped at the school office.

St. John the Baptist School
PARENT PRESCHOOL QUESTIONAIRRE 2026-2027

My Childs Name: _____ Date of Birth: _____

Does your child have a nickname? _____

1. Communication

Please check under the word that best describes your child's communication: (select one)

Uses words to express self	◯ Good	◯ Average	◯ Needs Help	◯ Not applicable
Speaks clearly	◯ Good	◯ Average	◯ Needs Help	◯ Not applicable
Vocabulary is age-appropriate	◯ Good	◯ Average	◯ Needs Help	◯ Not applicable
Understands directions	◯ Good	◯ Average	◯ Needs Help	◯ Not applicable

2. Behavioral/Emotional Development

Does your child have any special habits (thumb-sucking, nail biting)? Check One ☐ Yes ☐ No
If yes, please explain:

_____

How does your child react to new situations?

_____

How does your child react when you leave her/him?

_____

Please list your child's favorite special interests/hobbies/activities:

_____

What does your child find motivating? (i.e. praise, stickers, high fives, special treats/rewards?

_____

3. Sleeping Habits

My child usually naps _____ times a day, during the times of _____.

Does your child sleep with any special object? _____

4. Eating Habits

Does your child have a good appetite? (Check one) ☐ Yes ☐ No

What food does your child like/dislike? _____

Any eating problems we should know about? _____

5. Toileting

Does your child ask to go to the bathroom? (Check one) ☐ Yes ☐ No

Does your child need help going to the bathroom? (Check one) ☐ Yes ☐ No

6. Self Help Skills

Can your child do any of the following without assistance? (Check all that apply)

◯ Dress ◯ Undress ◯ Button ◯ Zipper ◯ Tie Shoes

Is there anything else you would like to share with us?

_____

Thank you, Your Preschool Team

St. John the Baptist School
REQUIRED ANNUAL CONTACT & HEALTH UPDATE 2026-2027

A COPY OF THIS FORM MUST BE COMPLETED FOR EACH CHILD ATTENDING SJB FOR THE 2026-2027 SCHOOL YEAR.

Please complete ALL of the fields below. If you have additional questions, please call the office for assistance.

Childs Name: _____ Date of Birth: _____ Grade:
(last name) (first name) (middle name)

Home Address: _____
(street) (city) (state) (zip)

Who does the student live with? _____

1. Contact & Pick Up Information:

Mother (Please check if this is the primary emergency contact ☐)

Name:	Email Address:
Home Address if different from above:	
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Name of Stepparent (if applicable):	Stepparent Phone:

Father (Please check if this is the primary emergency contact ☐)

Name:	Email Address:
Home Address if different from above:	
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:
Name of Stepparent (if applicable):	Stepparent Phone:

Legal Guardian (if applicable) (Please check if this is the primary emergency contact ☐)

Name:	Email Address:
Home Address if different from above:	
Home Phone:	Cell Phone:
Place of Employment:	Work Phone:

If we cannot reach Mother or Father, who would you like us to contact next? (In order of preference)

Name:	Phone:	Relationship to Student
1.		
2.		

Is there a Parent/Guardian in the household who has been/is deployed by the military overseas? (Check one) ☐ Y ☐ N

2. Health Insurance Information

Diocesan Regulation states that all children must be covered by health insurance. If your child is presently covered, please provide the information requested below. If you do not have health insurance for your child, you must take the school insurance offered.

Please Check One:

☐ Does have insurance, information below.

Health Ins. Company:	Policy Number:
Name of Policy Holder:	Group Number:

☐ Does not have insurance coverage but will enroll in the School Insurance Program underwritten by the National Union Fire Insurance Co. (Must enroll by September 1, 2026)

3. Medical Provider Contact Information

Please complete:

Physician's Name		Phone Number:		Date of Last Exam	
Dentist's Name		Phone Number:		Date of Last Exam	

4. Health History

ALLERGIES: (list all allergies, i.e. foods, insects, medications - note any severe or anaphylactic reactions)

☐ **Check here if your child requires the use of an EPI Pen to manage allergic reactions.**

Please indicate all health issues listed below that apply to your child:

- ☐ ADHD / ADD
- ☐ Anxiety / Social / Emotional
- ☐ Asthma
- ☐ Autism / Asperger's
- ☐ Cancer
- ☐ Concussions
  - If so, how many? _____
- ☐ Depression
- ☐ Diabetes
- ☐ Frequent Headaches
- ☐ GERD / Reflux
- ☐ Hearing Problem / Hearing Aides
- ☐ Heart Problems
- ☐ High Blood Pressure
- ☐ Kidney Problems
- ☐ Migraines
- ☐ Nutritional
- ☐ Weight Issues
- ☐ OCD
- ☐ PDD / NOS
- ☐ Scoliosis
- ☐ Seizures
- ☐ Vision problem
- ☐ Glasses / Contact

Please explain any items indicated, or any other items you would like to bring to the attention of the school nurse:

_____

Does your child have any physical limitations that require program modifications/restrictions? (Ex. IEP/504)

(Check one) ☐ Yes ☐ No

If yes, please explain_____

What prescription or OTC medication, if any, does your child take at home?

_____

Will your child need to have prescription medication at school? (Check one) ☐ Yes ☐ No

If yes, please specify_____

NOTE: Prescription medications cannot be given unless written orders from your child's health care provider are updated each school year and on file in the school health office. Blank medication forms can be provided upon request.

5. Permissions / Requirements

Please Review and Check All that Apply:

☐ I give permission for my child to receive care and medication as deemed necessary by the school nurse within the guidelines of the standing orders provided by our school physician. I understand that it is my responsibility to inform the school nurse in writing with specificity if I do not wish my child to receive care and dedication in accordance with those guidelines.

☐ I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel and school transportation services when needed to meet my child's health and safety needs.

☐ I give my permission to the school nurse to exchange information with my child's primary care physician and any other medical specialist who writes physician orders for my child for the purpose of referral, diagnosis, and treatment.

☐ I understand a current copy of my child's health & physical exam and immunizations must be provided each year.

WE WILL SEND YOUR CHILD TO THE NEAREST HOSPITAL IN AN EMERGENCY.
Students cannot participate in school field trips when this form is not on file in the School Health Office.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

DISCLAIMER: By typing your name above, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form. **ALL Electronically signed** forms must be returned by email to sjboffice@sjbludlow.org - **Printed forms** must have original signature, and may be returned to the school by mail or dropped at the school office.

2026-2027 St. John the Baptist
FAMILY ACKNOWLEDGEMENT FORM (HANDBOOK AND PERMISSIONS)

LIST ALL STUDENTS ATTENDING SJB DURING THE 2026-2027 SCHOOL YEAR FOR WHOM THIS ACKNOWLEDGEMENT REPRESENTS: (last name, first name)	GRADE ATTENDING

Please complete ALL fields below. This information is expanded upon in the SJB Handbook. For any questions, please call the office.

***1. PHOTO/MEDIA RELEASE*:**

Check all that apply:

I, the undersigned, **DO** consent and grant full permission for St. John the Baptist School and/or the Diocese of Springfield to use the

☐ First and last name(s) ☐ First name(s) only ☐ Photograph ☐ Voice ☐ Other likenesses (video//Film)

of my child(ren) for news releases, media and promotional activities. This request is valid for the current 2026-2027 school year.

☐ I, the undersigned, **DO NOT** consent or grant full permission for St. John the Baptist School and/or the Diocese of Springfield to use the name or likeness of my child(ren) for news releases, media and promotional activities. This request is valid for the current 2026-2027 school year.

2. WALKING PERMISSION:

The following is a request for your permission for our Staff members to escort your Child(ren) to some or all of the following sites: Hubbard Memorial Library, Whitney Park, The Post Office, Big Y, McDonald's, Burger King, Senior Center, or any local establishment within walking distance. On occasion, your child's teacher (weather permitting) will take advantage of these sites. **Check one:**

☐ Has my permission to walk to Hubbard Memorial Library, Whitney Park, the Post Office, Big Y, McDonald's/Burger King, Senior Center or any local establishment on any day the Teacher deems feasible during the School Year 2026-2027.

☐ I, the undersigned, **DO NOT** consent or grant full permission. This request is valid for the current 2026-2027 school year.

In consideration for the making of arrangements for this trip, I hereby release and save harmless the school and its employees and volunteers from any and all liability arising to my child beyond that of the "reasonable supervision" standard as a result of this trip.

3. CONTACT INFORMATION RELEASE:

SJB has my permission to provide the following information to other parents (for example, class lists) and the Family School Association:

Check all that apply:

☐ All Information ☐ Address Only ☐ Email Only ☐ Phone Number Only

☐ **DOES NOT** have my permission to provide this information.

4. PARISH AFFILIATION:

We are associated with _____ church/parish located in _____.

☐ We are **NOT** associated with any local parish.

By our signatures below, we attest that we have received and reviewed the 2026-2027 SJB Parent/Student handbook including, but not limited to, the following documents, and that we agree to abide by the beliefs and policies herein.

Please select One:

☐ I HAVE READ & AGREE TO THE CATHOLIC PARENT / GUARDIAN WITNESS POLICY.

☐ I HAVE READ & AGREE TO THE NON-CATHOLIC PARENT / GUARDIAN WITNESS STATEMENT.

Please select All:

☐ I HAVE READ THE AND AGREE TO COMPLY WITH THE STUDENT TECHNOLOGY ACCEPTABLE USE POLICY.

☐ I HAVE READ & AGREE TO COMPLY WITH THE TELECOMMUNICATION USE POLICY.

☐ I HAVE READ & AGREE TO COMPLY WITH THE SJB UNIFORM AND DRESS CODE POLICY.

☐ I HAVE READ & AGREE TO COMPLY WITH THE ALLERGY AWARENESS POLICY AND ABIDE BY THE **NUT/FREE FACILITY POLICY**.

☐ I HAVE READ & ACKOWLEDGE THE ASBESTOS & PESTICIDE MEMOS.

Parent/Guardian Name: _____ Date: _____ Parent/Guardian Signature: _____

Student Signatures **(Grades 4-8 required only)**: _____ _____

DISCLAIMER: By typing your name above, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form. **ALL Electronically signed** forms must be returned by email to sjboffice@sjbludlow.org - **Printed forms** must have original signature, and may be returned to the school by mail or dropped at the school office.

Consent for Student Record Request

To: St. John the Baptist School Phone 413-583-8550

Today's Date: _____

Name: _____
(last first middle

Grade _____ Gender _____ DOB _____

Current School _____

The above named student has applied/enrolled at St. John the Baptist School. In order to complete our office and guidance records, it is necessary to have additional informaion. We would appreciate if you would please send the information listed below. Thank you in advance for your cooperation.

Requested Documents

- ☐ Student Schedule (most recent)
- ☐ Official transcripts / most recent report card(s)
- ☐ MCAS Scores
- ☐ Demographic Info
- ☐ Attendance Records
- ☐ Discipline Records
- ☐ Active Court Orders

Does the student have an IEP or 504 plan? (Please Check) ☐ Yes ☐ No

If YES is marked, please include all Special Education records, including IEP/504 and most recent evaluation along with the requested documentation above.

Please send the requested records to:

St. John the Baptist School, 217 Hubbard St., Ludlow, MA 01056

or email to sjboffice@sjbludlow.org



Please send all current health & immunization records to: **nurse@sjbludlow.org**

I authorize the release of the above requested information to St. John the Baptist School.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date of Withdrawal from Current School: _____