



**PRE-SCHOOL REGISTRATION FORM**  
**Registration Fee: \$150.00**

DATE OF REGISTRATION \_\_\_\_\_ Pre-K 3 \_\_\_\_\_ Pre-K 4 \_\_\_\_\_

**STUDENT INFORMATION:**

Student's Name \_\_\_\_\_ Sex: M F (Please Circle)  
Last First Middle  
Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City Zip code  
District \_\_\_\_\_ Date of Birth \_\_\_\_\_

**ETHNICITY:** Asian, Black, Hispanic, Native American/Alaskan Native, Pacific Islander, White, Other

**PARENT INFORMATION:**

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Last First Middle  
Father's Day Phone \_\_\_\_\_ Father's Employer \_\_\_\_\_  
Father's Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Last First Middle  
Mother's Day Phone \_\_\_\_\_ Mother's Employer \_\_\_\_\_  
Mother's Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_  
Guardian Email \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
Street City Zip code

**STUDENT SACRAMENTS RECEIVED:**

Baptism: Church \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT SCHEDULE:**

**(Please circle one):** 5 Full Days 5 Half Days 3 Full Days 3 Half Days

(Please complete reverse side)

**Please complete the Following:**

1. In what parish are you a registered member? \_\_\_\_\_
2. If your child is a non-Catholic, please state the child's religion \_\_\_\_\_
3. In what town are you a resident? \_\_\_\_\_
4. In what public school district are you located? (The public school your child would attend)  
\_\_\_\_\_

5. Has your child received Early Intervention Services? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes please provide proper documentation)

*If there are special conditions which should be considered in reviewing the student's application, parents are encourage to make those considerations known to us either in writing or through an interview. Failure to make known conditions that could affect the student's full participation in the total education program of the school will be grounds for the school to withdraw any offer of admission.*

6. My child resides in a single parent household. Yes \_\_\_\_\_ No \_\_\_\_\_

Academic reports and school notices should be sent to residence of Non-Custodial Parent.

Name: \_\_\_\_\_

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

9. Does your child have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Note Priority of Acceptance:**

**1. SIBLINGS 2. PARISHIONERS 3. CATHOLIC NON-PARISHIONERS 4. NON-CATHOLIC**

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**This section for Office Use Only:**

- \_\_\_\_\_ **Original Birth Certificate**
- \_\_\_\_\_ **Original Baptismal Certificate**
- \_\_\_\_\_ **Family Information Form**
- \_\_\_\_\_ **\$50.00 Application Fee**
- \_\_\_\_\_ **\$150.00 Registration Fee (Upon Acceptance/Per child – Non-refundable)**
- \_\_\_\_\_ **Health History**
- \_\_\_\_\_ **Inoculation Record**
- \_\_\_\_\_ **Private Physical Exam**
- \_\_\_\_\_ **Acceptance Letter**