



PRESCHOOL REGISTRATION FORM

Last Name	First	Middle	Gender (M or F)
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Street Address	City/Town	State	Zip Code	Telephone	Parent's Cell Phone & Email Address
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Public School District of Residence

Place of birth (City and State)	Date of Birth (mm/dd/yyyy)	Country of Citizenship
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Religion	Registered Parish	City/Town
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Date of Baptism	Church	City/Town	State
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FOR SCHOOL USE ONLY:

Registration Fee: _____ Attending Sessions: _____

FAMILY INFORMATION

	NAME	ADDRESS	OCCUPATION	RELIGION		PARENT/GUARDIAN EDUCATION
FATHER						Elementary _____ High School _____ College _____ College + _____
MOTHER (Include Maiden Name)						Elementary _____ High School _____ College _____ College + _____
GUARDIAN						Elementary _____ High School _____ College _____ College + _____

Relationship of guardian to student: _____

Student's Home Life (Check all that apply):

Student lives with: _____ both parents; _____ one parent; _____ parents are separated/divorced

_____ Father remarried; _____ Mother remarried

Child resides with _____

Parental rights (in case of separation or divorce) _____
