

REGISTRATION FORM



Preference:

3K M-W-F or T-Th 7:45 - 10:50 am

4K half day 7:45 - 10:50am

4K full day 7:45 - 2:40pm

I acknowledge that my child must be independently toilet trained by Sept. 1st

5K half day 7:45 - 11:45am

5K full day 7:45 - 2:40pm

Grade

Student Information

Date:	Name: (Last, First M)
Primary Residence of Student: (street, city, state, zip)	
DOB:	Home School District:
Gender:	In Case of Emergency - Preferred Phone #:
Ethnicity - Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the student's race? <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black or African American <input type="checkbox"/> (A) Asian <input type="checkbox"/> (I) American Indian or Alaska Native <input type="checkbox"/> (P) Native Hawaiian / Other Pac Islander

Parent/Guardian 1

Name (Last, First)	Street, Apt/Suite:
City, State, Zip	Email:
Home Phone:	Employer:
Work Phone:	Employee Title:
Cell Phone:	Religion:
Preferred phone call sequence: (HWC)	

Parent/Guardian 2

Name (Last, First)	Street, Apt/Suite:
City, State, Zip	Email:
Home Phone:	Employer:
Work Phone:	Employee Title:
Cell Phone:	Religion:
Preferred phone call sequence: (HWC)	

Preferred email (red folder, phone directory, classroom, school communications):

Are there court ordered restrictions that apply to this child? Y or N
(If yes, please attach a copy of the court order)

PLEASE ATTACH A COPY OF THE CHILD'S BIRTH CERTIFICATE

Child's place of baptism and date:

Previous School(s) attended	Date of Admission	Date Left
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How did you hear about us?

Registered Parish: _____ Alumni of St. Mary's: (Y/N) _____

---\$75.00 per child non-refundable registration fee required---

Office Use Only: Student # PDS#
