

REGISTRATION FORM



Preference:

☐ 3K half day ☐ M ☐ T ☐ W ☐ TH ☐ F 7:40- 10:50am

☐ 3K full day ☐ M ☐ T ☐ W ☐ TH ☐ F 7:40 - 2:40pm

Check all days you are attending

☐ 4K half day 7:40 - 10:50am

☐ 4K full day 7:40 - 2:40pm

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

☐ 5K full day 7:40 - 2:40pm

☐ Grade

Student Information

Date:	Name: (Last, First, Middle)
Primary Residence of Student: (street, city, state, zip)	
DOB:	Home School District:
Gender:	Cell # In Case of Emergency:
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 <input type="checkbox"/> (E) Eastern Indian

Parent/Guardian 1

Name (Last, First)	Street, Apt/Suite:
City, State, Zip	Email:
Home Phone:	Employer:
Work Phone:	Employee Title:
Cell Phone:	Religion:
What # should be called first?	

Parent/Guardian 2

Name (Last, First)	Street, Apt/Suite:
City, State, Zip	Email:
Home Phone:	Employer:
Work Phone:	Employee Title:
Cell Phone:	Religion:
What # should be called first?	
Preferred email (Royal News, phone directory, classroom, school communications):	
Are there court ordered restrictions that apply to this child? (If yes, please attach a copy of the court order)	
Please bring in the original birth certificate and any sacramental certificates when submitting this form (these will be returned to you)	
Child's place of baptism and date:	
Previous school attended:	
How did you hear about us?	

Registered Parish: _____ Alumni of St. Mary's:

---\$140.00 per child non-refundable one-time registration fee required---