

St. Therese School

Date of Admission:

PRESCHOOL REGISTRATION FORM

For School Year:

Registering For (choose one): 2 days/wk (3 yrs old) 3 days/wk (3-4 yrs old) 5 days/wk (4 yrs old)

Student's Last Name (legal)		First Name, Middle Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth date / /	Ethnic, Check One (opt) <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer Ind/Alaska native	Social Security #
Home Address			Home City	State	Zip Code	Birth State & Country	
Mailing Address (if different)			Mailing City	State	Zip Code	Home Phone Number ✓ if Unlisted? <input type="checkbox"/>	
PARENT / GUARDIAN INFORMATION:							
Last Name Head of Household (Legal Guardian)			First Name Head of Household		Head of Household Work Phone	EXT.	Unlisted <input type="checkbox"/> Y <input type="checkbox"/> N
Last Name Spouse			First Name Spouse		Spouse Work Phone	EXT	Unlisted <input type="checkbox"/> Y <input type="checkbox"/> N
Head of Household Religion (optional)				Spouse's Religion (optional)			
Head of Household Employer & Occupation				Spouse's Employer & Occupation			
Employer Address				Employer Address			
Natural Parents of Student are: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased (circle one) Mother Father							
Responsible Party for Tuition (if other than parent):			Address/City/State/Zip – (if different from above)				
Other important contact numbers (cell phone, pager, etc.)							
Non-Custodial Parent – Last Name			First Name		Home Phone	Unlisted <input type="checkbox"/> Y <input type="checkbox"/> N	Work Phone
Non-Custodial Spouse – Last Name			First Name Spouse		Spouse Home Phone	Unlisted <input type="checkbox"/> Y <input type="checkbox"/> N	Work Phone
Non-Custodial Parent Religion				Are there visitation or court ordered restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, it is important to provide documents to the school.			
RECORD OF OTHER CHILDREN IN FAMILY: (List all children in the family)							
Name		Date of Birth		Relationship to pupil		Living at Home (circle one)	
						Yes No	
						Yes No	
						Yes No	
RELIGION / FAMILY LIFE							
Parish Currently Attending			Parish City/State		Are you Registered & Active <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Parish Registration
PUBLIC SCHOOL INFORMATION							
Public School District of Residence			Please specify any special testing or academic services that child may have received.				
EMERGENCY INFORMATION:							
#1 Contact: (other than parent) Name / Phone / Relationship				#2 Contact: (other than parent) Name / Phone / Relationship			
Child Care Provider: (Name/Address/Phone)				Additional persons authorized to pick up child (Name/Phone)			
Doctor Name:		Doctor Phone		Dentist Name		Dentist Phone	
Hospital Preferred		Please check any current or on-going medical issues: (If yes to any below, school needs complete health information attached) <input type="checkbox"/> Serious Allergy <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Medications <input type="checkbox"/> Other Explain:					
In case of accident or serious illness, if neither responsible guardian nor named physician can be reached, do you authorize and direct the school officials to send your child to a doctor and/or hospital for medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Parent Signature:						Date	