

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			
CATHOLIC? PARISH CURRENTLY ATTENDING: YES NO							
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	
						Yes No	
						Yes No	
PUBLIC SCHOOL INFORMATION				CATHOLIC PARISH ATTENDING			
Public School District of Residence				<i>(Enter N/C if not Catholic)</i>			
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	