

St. Mary Our Mother School – PreK-3 Year Old

Diocese of Rochester
Department of Catholic Schools
New Student Registration Form

Date of Registration _____ M/W/F full day____ M-F half day ____ M-F full day ____

*****CHILD MUST BE TOILET TRAINED – NO PULL-UPS*****

Please Print

Student Name _____ Male ____ Female ____

Last Name

First Name

MI

Address _____ Home Phone () _____ - _____ Unlisted Yes ____ No ____

Cell Phone () _____ - _____

Public school district where student resides _____

City/Town *State* *Zip*

Birthdate ____/____/____ Birthplace _____

CHILD MUST BE 3 YEARS OF AGE BY DEC. 1, 2024 TO REGISTER FOR PROGRAM

MUST PROVIDE

Please ✓ ☐

☐ American Indian/
Alaskan Native

☐ Black or African
American

☐ Asian or Native Pacific/
Other Pacific Islander

☐ White

☐ Multi-Racial

Is the student Hispanic, Latino or Spanish origin (a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race)? No _____ Yes, Hispanic _____

Has child attended any previous day care or preschool program? Yes__ No__

If yes, please provide name and address.

School *Street* *City/Town* *State* *Zip*

Child lives with _____ Relationship to student _____

Parent/Guardian (as you wish your name to appear on official communication)

Circle One

M/M Dr. Mr. Mrs. Miss Ms. _____

Last Name

First Name

MI

Mailing Address _____ Phone () _____ - _____

Street

City/Town

State

Zip

Email Address _____

(Please Print)

Student's Religion _____ Family Registered In _____ Parish/Church

Baptism Date _____ Church _____ Location _____

How did you hear about us?

Website ☐ _____

Friend ☐ _____

Advertisement ☐ _____

Other ☐ _____

Family Member ☐ _____

Office Use Only:

VALIDATION OF RECORDS

Birth Certificate _____ Baptismal Record _____ Immunization Record _____

Proof of Residency _____ Student ID # _____

FAMILY INFORMATION

	FATHER	MOTHER Maiden Name	LEGAL GUARDIAN
First Name			
Last Name			
Middle Initial			
Address - Street			
City/Town			
State/Zip			
Birthplace			
Birthdate			
RELIGION			
Citizenship (Country)			
Education Last Grade Completed in School			
Occupation			
Place of Business			
Address			
Business Phone			
Cell Phone			

Other Language(s) spoken in home: _____

CHECK ALL THAT APPLY:

Married _____ Widowed _____ Divorced _____ Separated _____ Remarried _____ Single _____

Other children in the family:

Last Name	First Name	Date of Birth	School or Other Info.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____