

St. Mary Our Mother School – PreK-4 Year Old

Diocese of Rochester
Department of Catholic Schools
New Student Registration Form

Date of Registration _____

*****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 4 YEARS OF AGE BY DEC. 1, 2024 TO REGISTER FOR PROGRAM

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 _____

If birthplace was not the United States, please give the date & location the student was first enrolled in a US School
Date _____ Location _____ Number of Years in US Schools _____

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.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____