

# St. Mary Our Mother School - Preschool - 3 Year Old

Diocese of Rochester  
Department of Catholic Schools  
New Student Registration Form

Date of Registration \_\_\_\_\_ M/W/F full day \_\_\_\_\_ M-F 1/2 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 \_\_\_\_\_  
*Street Cell Phone ( ) \_\_\_\_\_*

Public school district where student resides \_\_\_\_\_  
*City/Town State Zip*

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

**CHILD MUST BE 3 YEARS OF AGE BY DECEMBER 1 TO REGISTER FOR PROGRAM**

Please Check

American Indian/ Black or Asian or Native Pacific/ Multi-  
Alaskan Native \_\_\_\_\_ African American \_\_\_\_\_ Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Racial \_\_\_\_\_

Is the student Hispanic, Latino or of 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 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** \_\_\_\_\_ **Student ID #** \_\_\_\_\_

**Continued on other side**

**FAMILY INFORMATION**

(complete the information for both mother , father and/or legal guardian)

FATHER

MOTHER

LEGAL GUARDIAN

(Maiden Name)

Name: First \_\_\_\_\_

Last \_\_\_\_\_

MI \_\_\_\_\_

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 (give date) \_\_\_\_\_

Divorced \_\_\_\_\_

Separated \_\_\_\_\_

Remarried \_\_\_\_\_

Single \_\_\_\_\_

**Other children in the family:**

Name(s):	Last	First	Date of Birth	School or Other Info.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____