

St. Mary Our Mother School - Pre K 4 Year Old

Diocese of Rochester
Department of Catholic Schools
New Student Registration Form

Date of Registration _____

Session: Monday – Friday full days

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

Please Print

Student Name _____ Male _____ Female _____

Last Name *First Name* *MI*

Address _____ Phone () _____ Unlisted Yes ___ No ___

Street Cell Phone () _____

Public school district where student resides _____

City/Town *State* *Zip*

Birthdate ____/____/____ Birthplace _____

CHILD MUST BE 4 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

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* *MI*

Mailing Address _____ Phone () _____

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

Email Address _____

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 # _____

Proof of Residency _____

FAMILY INFORMATION

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

FATHER

MOTHER

LEGAL GUARDIAN

(Maiden Name)

<p>Name: First _____</p> <p style="padding-left: 40px;">Last _____</p> <p style="padding-left: 40px;">M I _____</p> <p>Address: Street _____</p> <p style="padding-left: 40px;">City/Town _____</p> <p style="padding-left: 40px;">State/Zip _____</p> <p>Birthplace _____</p> <p>Birthdate _____</p> <p>Religion _____</p> <p>Citizenship (Country) _____</p> <p>Education: Last Grade Completed in School _____</p> <p>Occupation _____</p> <p>Place of Business _____</p> <p>Address _____</p> <p>Business Phone _____</p> <p>Cell Phone _____</p> <p>Other Language(s) spoken in home _____</p> <p>CHECK ALL THAT APPLY:</p> <p>Married _____</p> <p>Widowed (give date) _____</p> <p>Divorced _____</p> <p>Separated _____</p> <p>Remarried _____</p> <p>Single _____</p>	
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Other children in the family:

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