



ST. STANISLAUS EARLYCHILDHOOD REGISTRATION FORM

SCHOOL YEAR _____ - _____

Child's Name: _____ DOB: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Email Address: _____ Email Address: _____

Home Parish: _____ Home Parish: _____

School District in which you live: _____ School District in which you live: _____

List any allergies your child may have: _____

Parent Signature: _____ Date: _____

For office use only

Birth Certificate: _____ Baptismal Certificate: _____ Immunization Records: _____

Custody Documents for single or divorced parents: _____ Admission Fee: _____