Registration for PreK 3

(must be 3yo by Aug of current year)

Child's Name _____ DOB _____

Parent information:

Mother _____ Email _____

Address _____ Cell _____

Father _____ Email _____

Address _____ Cell _____

List any allergies your child may have: _____

_____

List any medical conditions your child may have:_____

_____

Specific school district in which you live _____

Home Parish _____

Parent Signature _____ Date _____

For office use only

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

Virtus _____ Parish Registered _____

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

Registration for PreK 4

(must be 4yo by Aug of current year)

Child's Name _____ DOB _____

Parent information:

Mother _____ Email _____

Address _____ Cell _____

Father _____ Email _____

Address _____ Cell _____

List any allergies your child may have: _____

_____

List any medical conditions your child may have:_____

_____

Specific school district in which you live _____

Home Parish _____

Parent Signature _____ Date _____

For office use only

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

Virtus _____ Parish Registered _____

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

Kindergarten

Child's Name _____ DOB _____

Parent information:

Mother _____ Email _____

Address _____ Cell _____

Father _____ Email _____

Address _____ Cell _____

List any allergies your child may have: _____

_____

List any medical conditions your child may have:_____

_____

Specific school district in which you live _____

Home Parish _____

Parent Signature _____ Date _____

For office use only

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

Virtus _____ Parish Registered _____

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