SAINT CATHERINE LABOURE SCHOOL 2017-2018 THREE-YEAR OLD PRESCHOOL REGISTRATION FORM

STUDENT			SEX	
(Last)	(First)	(Middle)		
ADDRESS		0:1		
	Street City IL ADDRESSTELEPHONE_		Zip Code + four IE	
	STRICT			
For mandatory reporting	purposes, please complete: St	udent isHispanic	Non-Hispanic	
Student is:Asian	American Indian/Native Alask	kanBlack/African	American	
Native	Hawaiian/Other Pacific Islander	WhiteTwo or	more races	
CITIZENSHIP	REGIST	ERED PARISH_		
Parish	City &	State	Date	
NAME	OCCUPATION	/ PHONE # REL	IGION EDUCATION (CIRCLE)	
ATHER			ELEM. COLL.	
			SEC. ADV.	
MOTHER			ELEM. COLL.	
			SEC. ADV	
Name of Person	of a close friend or relati Address of Person	Relat	tion to child	
BROTHERS AND SIS	TERS LIVING AT HOME:			
NAME	A	AGE	BIRTH DATE	
	Married () One Parent () Pa	•	` ,	
	structured- mother/stepfather (· · ·-		
PARENTAL RIGHTS (in case of separation/divorce,	ATTACH COPY OF C	COURT ORDER)	
-ANGUAGE (other th	an English) spoken at ho	me		
Reason for entering S	St. Catherine Laboure Pre	eschool		
3 YEAR OLD ON OR	BEFORE AUGUST 31st (ar	nd COMPLETELY	(TOILET TRAINED)	
Tuesday, Thursday	9:00	TO 11:30 A.M.	- 	
Tuesday, Thursday	12:1	12:15 TO 2:45 P.M.		