

**SAINT CATHERINE LABOURE SCHOOL  
2018-2019  
THREE-YEAR OLD PRESCHOOL REGISTRATION FORM**

**STUDENT** \_\_\_\_\_ **SEX** \_\_\_\_\_  
(Last) (First) (Middle)

**ADDRESS** \_\_\_\_\_  
Street City Zip Code + four

**EMAIL ADDRESS** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**PUBLIC SCHOOL DISTRICT** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_  
**PLACE OF BIRTH** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**\*For mandatory reporting purposes, please complete:** Student is  Hispanic  Non-Hispanic

Student is:  Asian  American Indian/Native Alaskan  Black/African American  
 Native Hawaiian/Other Pacific Islander  White  Two or more races

**CITIZENSHIP** \_\_\_\_\_ **REGISTERED PARISH** \_\_\_\_\_

**BAPTISM** \_\_\_\_\_  
Parish City & State Date

	NAME	OCCUPATION/ PHONE #	RELIGION	EDUCATION (CIRCLE)	
FATHER				ELEM. SEC.	COLL. ADV.
MOTHER				ELEM. SEC.	COLL. ADV.

**Please give the name of a close friend or relative we may contact if unable to reach you.**

**Name of Person** \_\_\_\_\_ **Relation to child** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Address of Person** \_\_\_\_\_

**BROTHERS AND SISTERS LIVING AT HOME:**

NAME	AGE	BIRTH DATE
_____	_____	_____
_____	_____	_____

**HOME SITUATION:** Married ( ) One Parent ( ) Parents separated or divorced ( )

Restructured- mother/stepfather ( ) Restructured- father/stepmother ( )

**CHILD RESIDES WITH:** Both parents ( ) Other \_\_\_\_\_

**PARENTAL RIGHTS** (in case of separation/divorce, ATTACH COPY OF COURT ORDER) \_\_\_\_\_

**LANGUAGE** (other than English) spoken at home \_\_\_\_\_

**Reason for entering St. Catherine Laboure Preschool** \_\_\_\_\_

**3 YEARS OLD ON OR BEFORE AUGUST 31<sup>st</sup> (and COMPLETELY TOILET TRAINED)**

Tuesday, Thursday 9:00 TO 11:30 A.M. \_\_\_\_\_

Tuesday, Thursday 12:15 TO 2:45 P.M. \_\_\_\_\_