

**SAINT CATHERINE LABOURE SCHOOL
2018-2019
FOUR-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

ATTENDED ST. CATHERINE LABOURE 3 YEAR OLD PRESCHOOL YES OR NO

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

4 YEARS OLD ON OR BEFORE AUGUST 31st - INDICATE 1ST AND 2ND CHOICE ON LINE:

Monday, Wednesday, Friday 9:00 TO 11:30 A.M. _____

Monday, Wednesday, Friday 12:15 TO 2:45 P.M. _____

Monday, Tuesday, Wednesday, Thursday, Friday 12:15 TO 2:45 P.M. _____