



Saint Catherine Labouré School

4020 Derry Street | Harrisburg, PA 17111 | 717-564-1760

Teaching minds. Forming hearts. Growing disciples.

2019 – 2020 PRESCHOOL and KINDERGARTEN REGISTRATION FORM

STUDENT INFORMATION:

Student: _____ Gender: M or F
(Last) (First) Middle Initial

Address: _____
(Street) (City) (State) (ZIP + 4)

Home Phone/Landline: _____ Public School District: _____
(mark "UN" if unlisted number)

Date of Birth (mm/dd/yyyy): _____ City/State of Birth: _____

Citizenship: _____

*For mandatory reporting purposes, please complete sections A **and** B:*

A) Student is: Hispanic Non-Hispanic

B) Student is: Asian American Indian/Native Alaskan Black/African American
 Native Hawaiian/Other Pacific Islander White Two or More Races

Preschool Only: Pre-K 3 Five Days Monday/Wed./Friday Mornings Only Full Day

Pre-K 4 Five Days Monday/Wed./Friday Mornings Only Full Day

Kindergarten Only: Attended Preschool? Yes No

Name of Preschool: _____ Address: _____

Kindergarten Preference: Half Day (8:10 – 12:00) Full Day (8:10 – 3:00)

Religion: _____ Registered in the Parish of: _____

Is the student baptized? Y or N In what religion? _____ Date: _____

Name of Parish or Church where Baptism performed: _____

City, State, ZIP: _____

I / we are interested in becoming Catholic

FAMILY INFORMATION:

Adult(s) with whom the student resides: _____

Married Single Parents separated Parents divorced Widow/widower

Living together/not married Restructured- step parent Other _____

Parental Rights (in case of separation/divorce): Is there a court order? Y or N

If "yes," is court order attached? Y or N

Who is primary contact?

(Name)

Language (other than English) spoken at home: _____

Mother

Name: _____
(Last) (First) (Maiden) (Title)

Address: _____
(Street) (City) (State) (ZIP + 4)

Home Ph./Landline: _____ Cell Ph.: _____ Business Ph.: _____

Email: _____ Graduate of SCLS? Y or N

Religion: _____ Employer: _____

Father

Name: _____
(Last) (First) (Title)

Address: _____
(Street) (City) (State) (ZIP + 4)

Home Ph./Landline: _____ Cell Ph.: _____ Business Ph.: _____

Email: _____ Graduate of SCLS? Y or N

Religion: _____ Employer: _____

Siblings

Name	Age	Date of Birth	School Currently Attending
_____	_____	_____	_____
_____	_____	_____	_____

Why are you choosing Saint Catherine Labouré School for your child? Use back of paper if necessary.

