

**ST. MARY MAGDALEN SCHOOL**

**PRE-K FOUR REGISTRATION FORM**

**2011-2012**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip \_\_\_\_\_ County  
Phone \_\_\_\_\_ Emerg. # \_\_\_\_\_ e-mail \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State) (Country)

Religion \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Registered in Parish \_\_\_\_\_ School District of Residence \_\_\_\_\_

Father's Name \_\_\_\_\_  
(First) (Middle) (Last)

Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Birthplace of Father \_\_\_\_\_  
(City) (State) (Country)

Mother's Name \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_  
(City) (State) (Country)

Home Situation (Check all that apply)

- Two biological parents  One parent  
 Mother/Stepfather  Parents separated or divorced  
 Father/Stepmother  Other: Specify \_\_\_\_\_

Parental rights (in case of separation or divorce)

- Legal Custody:  Joint Custody  Sole Custody  
Physical Custody:  Joint Custody  Sole Custody  
 Mother  
 Father  
 Guardian

Number of older siblings \_\_\_\_\_ Number of younger siblings \_\_\_\_\_

**PLEASE COMPLETE SECTIONS THAT ARE APPLICABLE:**

Baptism:

Church \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

(City)

(State)

(Zip)

**Please indicate any school attended by your child:**

School \_\_\_\_\_

Address \_\_\_\_\_

(City)

(State)

(Zip)

Dates attended \_\_\_\_\_ Number of Days attended \_\_\_\_\_

**Has your child received any early intervention services?**  Yes  No

If yes, please explain \_\_\_\_\_

**Does your child have any special needs?**  Yes  No

If yes, please explain \_\_\_\_\_

**PLEASE INDICATE YOUR PREFERENCE:**  Full Day  Morning

**Non-refundable registration fee of \$100 is required.**

**Parent's Signature** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**VERIFICATION OF:** Baptism \_\_\_\_\_(other parish) \_\_\_\_\_St. Mary Magdalen

Birth \_\_\_\_\_

Immunization Records \_\_\_\_\_

Deposit Received \_\_\_\_\_

Registered in parish \_\_\_\_\_ Length of time \_\_\_\_\_