St. Mary Preschool School
Registration Form
Pre-4

Date_____

SS#_____/_____/_____

Child's _____
Family Name *First* *Middle I.*

Address_____ Telephone # (_____)_____
Street

_____
City

Birth Place _____ Date of Birth _____/_____/_____
Month Day Year

Father's Name_____
Family Name *First* *Middle*

Place of Birth_____ Religion_____

Father's Occupation_____ Employer_____

Mother's Name _____
Family Name *First* *Middle*

Place of Birth_____ Religion_____

Mother's Occupation_____ Employer _____

Child Lives with: (Circle One) Mother, Father, Both, Other (Specify) _____

Child's Baptism Date ____/____/____ Certificate (if baptized in another church)_____

Church _____ City _____ State _____

School Last Attended_____

Address_____City_____State_____

Has child received any special education services? *(Circle One)* Yes No
Specify_____

Number of brothers and sisters attending St Mary School next year _____

Preschool Class Preference: (circle one) MORNING AFTERNOON ALL DAY

Are you or your spouse registered members of Immaculate Conception Church?_____