

# Saint Joan of Arc School

22415 Overlake  
Saint Clair Shores, MI 48080  
(586) 775-8370

## Kindergarten Registration 2020-2021

1/2 Day a.m.      \_\_\_ Birth Certificate      Date of Registration: \_\_\_\_\_  
 Full Day            \_\_\_ Baptismal Certificate  
                                  \_\_\_ Immunization Certificate

### Child:

FIRST	MIDDLE	LAST	M / F	BIRTHDATE
ADDRESS			PHONE WITH AREA CODE	
CITY	STATE	ZIP	RELIGION	

Will this child be the oldest in the family attending Saint Joan of Arc School?      YES / NO

Please indicate your child's Race and Ethnicity for Reporting Purposes: African-American (AA)\_\_\_; American Indian (AI)\_\_\_; Arabic (AR)\_\_\_; Asian (A)\_\_\_; Bi-Racial (B)\_\_\_; Caucasian (C)\_\_\_; Hispanic (H)\_\_\_; Pacific Islander (P)\_\_\_; Other (O)\_\_\_

### Father:

MR / DR	FIRST	INITIAL	LAST	COUNTRY OF BIRTH
OCCUPATION		EMPLOYER		EMPLOYER PHONE
e-mail address			RELIGION	

### Mother:

MS / MRS / DR	FIRST	INITIAL	LAST	MAIDEN	COUNTRY OF BIRTH
OCCUPATION		EMPLOYER		EMPLOYER PHONE	
e-mail address			RELIGION		

### With whom does the child live?

Please place an x in the appropriate box and provide the necessary information:

- Both Parents  
 \*One Parent       Mother       Father  
 \*Other (Please specify) \_\_\_\_\_

\* With exception of widow or widower: *Proof of physical custody must be provided.*

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### Pre-School History

We request your cooperation in completing this questionnaire. The information will be helpful to your child's teacher. We want to plan an educational program that will meet the needs of your child.

All personal data will be held in strict confidence. It will be available to those professional people who will be concerned with the educational program of the school.

Please record data as accurately as possible.

Has your child attended nursery school?  Yes  No

If yes, how long? \_\_\_\_\_

Name of Nursery School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the student have any disabilities or difficulties of which we should be aware?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child on any type of medication?  Yes  No

If yes, what type of medication? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the child received any special help such as at a child clinic, psychological testing, perceptual training that we should know about to best help the child?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please add any comments about your child's health or development the teacher should know in order to best work with your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of person completing form

Relationship to child.

**Non-Catholics only:**

**Acceptance Form**

I am well aware of the philosophy of Saint Joan of Arc School. I clearly understand my children will be educated according to Christian values and principles, and my children will participate in the Religious Program and the liturgical services offered in school.

Signature of Parent(s)

Date