



AGNUS DEI ACADEMY OF SAINT MARY CATHOLIC SCHOOL

BUILDING BRIGHT FUTURES

REGISTRATION FORM

STUDENT INFORMATION

Name: _____ Check One: Male Female
Last First Middle

Date of Birth: _____ Place of Birth: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Public Caucasian African American

School District: _____ Previous Hispanic American Asian or Pacific Islander

School: _____ Indian Other (_____)

AGNUS DEI ACADEMY PROGRAM SELECTION

4-YEAR-OLD PROGRAMS

- Monday to Friday 9:00am to 11:45am
- Monday to Friday 9:00am to 3:00pm
- Monday, Wednesday, Friday 9:00am to 11:45am
- Monday, Wednesday, Friday 9:00am to 3:00pm

*PLEASE NOTE: Students **MUST** be 4 years old by September 1st and be bathroom independent*

AFTER SCHOOL CARES PROGRAM

- I am interested in after school care - Opens at 3pm until 6pm

3-YEAR-OLD PROGRAMS

- Tuesday & Thursday 9:00am to 11:45am
- Tuesday, Wednesday, Thursday 9:00am to 11:45am
- Monday to Friday 9:00am to 11:45am

*PLEASE NOTE: Students **MUST** be 3 years old by September 1st and be bathroom independent*

AFTER SCHOOL CARES PROGRAM

- I am interested in after school care - Opens at 11:45am until 5pm

Start Date: _____

RELIGIOUS INFORMATION

Religion: _____ Parish Registered In: _____

Baptism: _____

Date: _____

Church: _____

Address: _____

Baptized: Roman Catholic Other (What religion?) _____

PARENT INFORMATION

MOTHER, Name: _____
Last First Maiden

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____ E-mail: _____

Religion: _____ Place of Birth: _____ Ethnicity: _____

Marital Status: Single Married Separated Divorced Remarried Spouse Deceased

Employer: _____ Occupation: _____

FATHER, Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____ E-mail: _____

Religion: _____ Place of Birth: _____ Ethnicity: _____

Marital Status: Single Married Separated Divorced Remarried Spouse Deceased

Employer: _____ Occupation: _____

LIVING SITUATION

Student Primarily Lives With: _____ Father _____ Mother _____ Other
(Check All That Apply)
_____ Stepfather _____ Stepmother
_____ Grandparents _____ Guardian

GUARDIAN INFORMATION

GUARDIAN: Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____ E-mail: _____

Religion: _____ Place of Birth: _____ Ethnicity: _____

Relationship to the Student: _____

Employer: _____ Occupation: _____