



# 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 5:30pm

#### 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 3pm

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: \_\_\_\_\_