



Three Year Old Pre-Kindergarten Registration Form

FULL DAY _____ HALF DAY _____
PLEASE PRINT ALL REPLIES

DATE: ___ / ___ / ___

REGISTERED MEMBER OF OUR LADY OF CALVARY CHURCH? YES _____ ENVELOPE# _____ NO _____ PARISH NAME _____

BOY GIRL SCHOOL LAST ATTENDED: _____

CHILD'S NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

CHILD'S BIRTH DATE: (___ / ___ / ___) PLACE OF BIRTH: _____
MTH DAY YEAR (CITY-STATE-COUNTRY)

BAPTISM - CHURCH: _____ CITY: _____ DATE: (___ / ___ / ___)
MTH DAY YEAR

FATHER'S NAME: _____
(FIRST) (MIDDLE) (LAST)

FATHER'S ADDRESS: _____ CELL: _____

PLACE OF BIRTH: _____ RELIGION: _____
(COUNTRY)

MOTHER'S NAME: _____
(FIRST) (MAIDEN) (LAST)

MOTHER'S ADDRESS: _____ CELL: _____

PLACE OF BIRTH: _____ RELIGION: _____
(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) (Attach copy of court order) Legal Custody Joint Custody Sole Custody
Physical Custody Joint Custody Sole Custody
 Mother
 Father
 Guardian

HAS YOUR CHILD EVER RECEIVED ANY OF THE FOLLOWING SERVICES: OT, PT, ETC.? YES _____ NO _____

DOES YOUR CHILD HAVE AN IEP? YES _____ NO _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ RELATIONSHIP TO CHILD: _____

NAME OF OLDEST CHILD IN OLC: _____

DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY

PAYMENT: CASH _____ CHECK _____

BAPTISMAL RECORD: _____ BIRTH CERTIFICATE: _____