



# Four 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: \_\_\_\_\_