

**Saint Cornelius Early Learning Center
New Student Registration Form
2020-2021
Individual Student Information**

Please Print

Student Information:

Last Name _____ First _____ Middle _____

Address _____ Gender: _____

City/State _____ Zip _____

Date of Birth _____ Place of Birth _____

City of Birth _____ County of Residence _____

Public School District of Residence:

Religion of Child (please check) <input type="checkbox"/> Catholic <input type="checkbox"/> Other Specify _____

<p>Please indicate pertinent medical information (eye/hearing disorder, asthma, allergies, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are you aware of any psychological / educational / emotional concerns that would affect your child's academic success? Yes ___ No ___ If yes, please provide copy of documentation.</p> <p>Has your child been diagnosed with ADD /ADHD? Yes__ No__ If yes, please provide copy of documentation.</p>

NEW STUDENT FORM cont'd

School Student currently attends _____

How many years? _____

During the 2019-2020 school year, the student was in _____ grade. (if applicable)

If Catholic, please complete the portion below: Copies of Certificates must accompany application.

Baptism: _____
(Date) Name of Church City State

Communion: _____
(Date) Name of Church City State

Confirmation:: _____
(Date) Name of Church City State

If Catholic, please provide the following with application:

- Birth Certificate (copy)
- Baptismal Certificate (Even if baptized at St. Cornelius)
- Communion Certificate (applying for grade 3-8)
- Confirmation Certificate (if applicable)