



Holy Sepulcher Catholic School Preschool Registration Form

Student Information

Child's Name: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

School Previously Attended: _____

School Address: _____

Dates Attended: _____

School District You Live In: _____

Parish You belong to: _____ Religious Affiliation: _____

_____ **School Year**

_____ Pre 3 8:45am-11:30am Tuesday & Thursday

_____ Pre 4 8:45am to 11:30am Monday/Wednesday/Friday

_____ Pre K 8:45am to 2:30pm Monday/Wednesday/Friday

Parent/Guardian Info

Mother Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____

Email: _____

Employer Name: _____

Work Phone: _____

Father Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____

Email: _____

Employer Name: _____

Work Phone: _____

Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____

Email: _____

Employer Name: _____

Work Phone: _____

With whom does the child Live: Both parents: _____ Mother only: _____ Father only: _____

Guardian: _____ Joint Custody _____

Ethic Background: AK Native American Indian Asian African American
Hispanic Caucasian Other: _____

How did you hear about Holy Sepulcher School? _____

Family Information

Brother/Sister Name: _____ Age: _____ Grade: _____

Brother/Sister Name: _____ Age: _____ Grade: _____

Brother/Sister Name: _____ Age: _____ Grade: _____

Brother/Sister Name: _____ Age: _____ Grade: _____

Signature: _____ Date: _____

Please include a \$100 registration fee
Checks made payable to Holy Sepulcher School

Send to: Holy Sepulcher School Registration
6515 Old Route 8 N
Butler PA 16002