



# ST. MARY PRESCHOOL REGISTRATION FORM

Preschool  
2019-2020

## STUDENT INFORMATION

\_\_\_\_\_  
 First Name                                      Last Name                                      Middle Name                                      Nickname (if preferred)

Male  Female  Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Returning Preschooler  New Preschooler

\_\_\_\_\_  
 Home Street                                      City                                      State                                      Zip                                      Resident Public School District and building student would Attend if not enrolled at St. Mary School

**PRE-SCHOOL PROGRAM ENROLLING for 2019-2020: (please circle) - 3 yr old am 3pm 3( all day) 4 yr old am 4 pm 4 yr. old (all day)**

Student primarily resides with:  Mother  Father  Legal Guardian  (Please Explain) \_\_\_\_\_

Medical Conditions, allergies or disabilities: \_\_\_\_\_

Race:  African American  Asian American  Caucasian/White  Multiracial  Native American  Pacific Islander  Other

Ethnicity:  Non-Hispanic  Hispanic

Religion:  Catholic  Registered St. Mary Parishioner  Other Catholic Home Parish Name \_\_\_\_\_ (include city)

Non-Catholic  Name of other faith practiced \_\_\_\_\_

Baptized \_\_\_\_\_  Not baptized  Interested in becoming baptized; would like to be contacted  
 Name of Church \_\_\_\_\_

\*\*\*I heard about St. Mary Preschool from: (Please circle one) Other Preschool parents    An advertisement    Other \_\_\_\_\_

## FAMILY INFORMATION

**Mother**  Mrs.  Ms. \_\_\_\_\_  Parishioner  Non-parishioner  \_\_\_\_\_  
 Full Name                                      Other faith

\_\_\_\_\_  
 Home Street                                      City                                      Zip

\_\_\_\_\_  
 Cell Phone                      Work Phone                      Home Phone                      Email

**Father** \_\_\_\_\_  Parishioner  Non-parishioner  \_\_\_\_\_  
 Full Name                                      Other faith

\_\_\_\_\_  
 Home Street                                      City                                      Zip

\_\_\_\_\_  
 Cell Phone                      Work Phone                      Home Phone                      Email

**Marital Status: (Check all that apply)**

Parents are married and living together     Parents are separated     Mother is remarried    \_\_\_\_\_  
 Name of Stepfather

Parents are divorced     Single parent     Father is remarried    \_\_\_\_\_  
 Name of Stepmother  
 (A copy of court documents regarding custody must be on file)

**Guardian (if applicable)** \_\_\_\_\_  Parishioner  Non-parishioner  
 Full Name

\_\_\_\_\_  
 Home Street                                      City                                      Zip

\_\_\_\_\_  
 Cell Phone                      Work Phone                      Home Phone                      Email

**Siblings at St. Mary School**

\_\_\_\_\_  
 Child's name                      Grade 2019-20    \_\_\_\_\_  
 Child's name                      Grade 2019-20    \_\_\_\_\_  
 \_\_\_\_\_  
 Child's name                      Grade 2019-20    \_\_\_\_\_  
 Child's name                      Grade 2019-20    \_\_\_\_\_