

# Registration Form 2019-2020

## Maternity B.V.M. School

**For School Use Only:**  
**Verified Documents:**  
**Baptismal Cert** \_\_\_\_\_  
**Birth Certificate** \_\_\_\_\_  
**Immunizations** \_\_\_\_\_  
**Initials of Admin** \_\_\_\_\_

Last Name of Family \_\_\_\_\_

Last Name of Students (if different) \_\_\_\_\_

Mother's Information (including Maiden Name) \_\_\_\_\_

Address	Marital Status
City	Zip Code
Phone (Home)	Religion/ Name of Parish
(Work)	Country of Birth
(Cell)	Primary Language
Email	# For Emergency Contact

Father's Information: \_\_\_\_\_

Address	Marital Status
City	Zip Code
Phone (Home)	Religion/Name of Parish
(Work)	Country of Birth
(Cell)	Primary Language
Email	# For Emergency Contact

Children live with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

List names of Stepparents/Guardians: \_\_\_\_\_

Grade	Child's Full Name	Gender	Date of Birth	Country of Birth	Race	Religion	Previous school attended
Pre-K 3 ½ day							
Pre-K 3 Full day							
Pre-K 4 ½ day							
Pre-K 4 Full day							
K							
1							
2							
3							
4							
5							
6							
7							
8							

Sacramental Records: List Date and Parish where Sacrament was received

Child	Baptism	Reconciliation	First Holy Communion	Confirmation

**Parental Commitment:**

I have enrolled my child(ren) at Maternity BVM School with the understanding that I will cooperate fully with the School Policies stated in the Student/Parent Handbook. I will show support by attending parent conferences and meetings that pertain to my child(ren). I further understand that my child(ren) will receive instruction in the Catholic faith and that he/she is responsible to attend and participate in all school religious functions. I will attempt to clarify any obvious differences in the practice of faith or in belief.

Signature of Parent

Date