



# ST. STANISLAUS KINDERGARTEN REGISTRATION FORM

## 2017 – 2018 SCHOOL YEAR

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Parish: \_\_\_\_\_

Home Parish: \_\_\_\_\_

School District in which you live: \_\_\_\_\_

School District in which you live: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

Birth Certificate: \_\_\_\_\_ Baptismal Certificate: \_\_\_\_\_ Immunization Records: \_\_\_\_\_

Custody Documents for single or divorced parents: \_\_\_\_\_ Admission Fee: \_\_\_\_\_