



ST. STANISLAUS EARLY CHILDHOOD
REGISTRATION FORM

Child's Name: _____ DOB: _____

Father's Name: _____ Mother's Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Home Parish: _____

School District in which you live: _____

List any allergies your child may have: _____

Parent Signature: _____ Date: _____

<u>For office use only</u>		
Birth Certificate: _____	Baptismal Certificate: _____	Immunization Records: _____
Custody Documents for single or divorced parents: _____		Admission Fee: _____