



ST. STANISLAUS KINDERGARTEN
REGISTRATION FORM

Child's Name: _____ DOB: _____

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: _____