



New Student Registration

Pre-Kindergarten Programs

Academic Year 2012/2013

Date: _____

Student's Last Name: _____ First: _____ Middle: _____

Student's Social Security Number: _____ - _____ - _____ Gender: Male Female

Student's Address: _____ City/State/Zip _____

Telephone Number: (____) _____ Email Address: _____

Student lives with: Both Parents Mother Father Other _____

Parent/Guardian Information:

Father's/Guardians' Name: _____

Address: _____ City/State/Zip _____

Home Phone No.: (____) _____ Cell Phone No.: (____) _____

Mailing Address: _____ City/State/Zip _____
(If different from above)

Place of Employment: _____ Phone: (____) _____

Mother's/Guardians' Name: _____ Maiden Name: _____

Address: _____ City/State/Zip _____

Home Phone No.: (____) _____ Cell Phone No.: (____) _____

Place of Employment: _____ Phone: (____) _____

Names of Other Children Attending Our Lady of the Holy Rosary School:

1. _____ 3. _____

2. _____ 4. _____

Student's Date of Birth: _____ Student's Place of Birth: _____

Program for which you are registering:

- Morning 2-Day (8:00 to 11:00 a.m. on T,Th) Morning 3-Day (8:00 to 11:00 a.m. on M,W,F)
 Afternoon 2-Day (noon to 3:00 p.m. on T,Th) Afternoon 3-Day (noon to 3:00 p.m. on M,W,F)
 Full 2-Day (8:00 a.m. to 3:00 p.m. on T,Th) Full 3-Day (8:00 a.m. to 3:00 p.m. on M,W,F)

Race and Ethnicity: Native American/
Native Alaskan Black Asian Hispanic White Other _____

Religion: Catholic Parish: _____
 Non-Catholic Parish: _____

Sacraments:

Baptism (Church): _____

City/State: _____ Date: _____

Do any of the following apply to your child (check all that apply):

- Preferential Seating Modified Curriculum
 Dietary Restrictions Learning Difficulties
 Allergies or Asthma
 Other Special Needs: _____

If you have checked off any of the above, please provide documentation to the school before admission is completed.

Tuition:

Name and address of the person who will be responsible for tuition payments:

Method of Payment (select one): Annually (due in full by 1 June, 2012)
 Monthly (FACTS contract must accompany this form)

For Office Use Only

Date Registration Received: _____ Check No.: _____ Amount: _____

FACTS Agreement Received: _____

Commitment Form Received: _____