



4-year-old Kindergarten (4K)
Saint Patrick 4K Wraparound
Registration 2024-2025

Student Name (Last, First, Middle)	Date of Birth (month/date/year)	Gender M/F
Ethnicity (please circle): Caucasian, African American, Native American, Asian, Hispanic/Latino, Pacific Islander, Multi-racial		
Religion: _____ Name of Parish / Church Membership: _____		
Additional Information Needed for Diocesan and State Reporting Purposes Only: School District: _____ (example: Hudson)		

Student Address: _____
(House/Apt Number) (Street) (City) (Zip)

Names and Ages of any Siblings: _____

Child is in Custody of: Both Parents Father Mother Other: _____
Please contact the school office with any special custodial arrangements.

Father's Name: _____
(Last) (First) (Middle)

Father's address (if different than above): _____
(House/Apt Number) (Street) (City) (Zip)

Father's Place of Employment: _____ Email Address: _____
Send regular school communication to this email address? yes no

Mother's Name: _____
(Last) (First) (Middle)

Mother's Address (if different than above): _____
(House/Apt Number) (Street) (City) (Zip)

Mother's Place of Employment: _____ Email Address: _____
Send regular school communication to this email address? yes no

Parent Contact Information <i>(Please rank below in order to call: 1,2,3,4,5)</i>			Permission to publish number on the secure website family directory? Y/N
Home Phone Number			
Father's Cell Phone Number		<input type="checkbox"/> Ok to Text	
Father's Work Phone Number			NA
Mother's Cell Phone Number		<input type="checkbox"/> Ok to Text	
Mother's Work Phone Number			NA

Emergency – Alternate Contact Information			Authorized To Pick-up
Name	Relationship	Phone Number	

Please Describe Any Special Needs:
Health Needs? No Yes _____
Learning Needs? No Yes _____