

Preschool (3K) 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) Names and Ages of any Siblings:	(Street)	(City)	(Zip)
Child is in Custody of: Both Parents Father Other: Please contact the school office with any special custodial arrangements.			
Father's Name:(Last)	(First)		
Father's Address (if different than above):			
	ouse/Apt Number)		(City) (Zip)
Father's Place of Employment: Email Address: 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)			
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Mother's Place of Employment: Email Address: Send regular school communication to this email address? ☐ yes ☐ no			
Send regular school communication to this email address: \(\text{\text{yes}}\) \(\text{\text{H}}\)			
Parent Contact Information (Please rank below in order to call: 1,2,3,4,5)			Permission to publish number on the secure website family directory? Y/N
Home Phone Number			
Father's Cell Phone Number		☐ Ok to Text	
Father's Work Phone Number			NA
Mother's Cell Phone Number	□ Ok to Text		
Mother's Work Phone Number			NA
Emergency – Alternate Contact Information			
Name	Relationship Phone Number		
Please Describe Any Special Needs:			
Health Needs? \(\sum \text{No} \text{Yes} \)			
Learning Needs? ☐ No ☐ Yes			