

St. Patrick Catholic Preschool  
New Family Registration  
2020-2021



This form is required only once per preschool family regardless of the number of children being registered.

**PLEASE PRINT ALL INFORMATION**

Revised: 10/29/19

**CHILD'S NAME:** \_\_\_\_\_

**FAMILY INFORMATION**

**MOM**

**DAD**

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone/Work Phone: \_\_\_\_\_

Home Phone/Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

**EMERGENCY BLAST INFORMATION**

In the event that the school needs to send out an emergency blast, please provide **TWO** email addresses and **TWO** mobile numbers with mobile provider where you can be reached (Please include mobile provider):

Blast 1 email: \_\_\_\_\_

Blast 2 email: \_\_\_\_\_

Blast 1 mobile#: \_\_\_\_\_

Blast 2 mobile#: \_\_\_\_\_

Mobile provider: \_\_\_\_\_

Mobile provider: \_\_\_\_\_

PARENTS' HIGHEST DEGREE ATTAINED (Check One)

MOM: \_\_\_ High School \_\_\_ Associate \_\_\_ Bachelor's \_\_\_ Master's \_\_\_ Doctorate

DAD: \_\_\_ High School \_\_\_ Associate \_\_\_ Bachelor's \_\_\_ Master's \_\_\_ Doctorate

- Please note that Preschool registration is not complete until the student form, family form, birth certificate, and a **non-refundable deposit** is received by the Preschool Office during business hours.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For Office Use Only</i>			
Date Received: _____	Amount Paid: \$ _____	Cash: _____	Check Number _____
Date Entered: _____	Initials: _____	Comments: _____	