

Holy Ghost Catholic
2010 - 2011 Registration

Date: _____

Student: First Name	Middle	Last	All Day Pre-Kindergarten and Kindergarten ONLY Prior Daycare/Preschool Experience Place/Date
Address	City/State/Zip	Home Phone	
Birth Date	Male/Female	Preferred Name	

Father / Guardian

Mother / Guardian

	Cell Phone	Work Phone	Cell Phone	Work Phone
Name				
Religion				
Employer				
Marital Status				

Child lives with: _____ both parents _____ father _____ mother _____ other _____

Requirements for attendance:

Initial **For All Day Pre-Kindergarten and Kindergarten ONLY**

_____ All Day Pre-Kindergarten our child will be at least 4 by October 15, 2010.

_____ Kindergarten our child will be 5 years old by October 15, 2010.

_____ Our child is independently toilet trained.

Who should we call if your child is sick and needs to go home?

Emergency contacts	Relationship	Phone number
1		
2		

OFFICE USE ONLY	
Book fee: _____	Automatic Withdrawal form: _____
Copy of Birth Certificate: _____	Completed Health Form: _____
Copy of Immunization records: _____	Baptismal Certificate: _____
Accepted: _____	Class: _____