

DATE: _____
GRADE ENTERING: _____ (3 yr. old)
_____ (4 yr. old 3 half days)
_____ (4 yr. old 3 full days)
_____ (4 yr. old 5 full days)

HOLY CHILDHOOD PRESCHOOL
REGISTRATION APPLICATION

NAME OF CHILD _____ Male: _____
(Last) (First) (Middle) Female: _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

PRESENT ADDRESS _____
(Street) (City) (Zip)

Phone Number _____

Father's Name _____ Religion _____
(First) (Last)

Father's Occupation _____

Deceased () Separated () Remarried ()

Mother's Name _____ Religion _____
(First) (Maiden)

Mother's Occupation _____

Deceased () Separated () Remarried ()

Is your child Catholic? _____ Yes _____ No If no, what religion? _____

Baptism of child: Date _____ Church _____ City _____

Child resides with: _____ Parents _____ Mother _____
Name Father _____ Legal Guardian _____

Parent's Signature