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	PLA	PLACE OF BIRTH		
PRESENT ADDRESS	(0)	(0)	(7)	
	(Street)	(City)) (Zip)
Phone Number				
Father's Name(First		Religion		
(Firs	et) (Las	t)		
Father's Occupation				
Deceased ()	Separated ()	Remarried ()		
Mother's Name(First)		Religion		
(First)	(Maiden)		
Mother's Occupation				
Deceased ()	Separated ()	Remarried ()		
Is your child Catholic?	Yes No	If no, what religion?		
Baptism of child: Date	Churcl	1	City	
Child resides with:		Parents	Mother	
	Name	Father	Legal Guardia	n
		Parent's Signature		
		Parent's Sign	iaiuie	