



## PRE-KINDERGARTEN **FOUR** REGISTRATION FORM

**A copy of Birth Certificate and a non-refundable \$100.00 Registration Fee is due upon the filing of this document:**

Application Date: \_\_\_\_\_ Check # \_\_\_\_\_

### **Student Information**

**Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last First Middle

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ ☐ Male ☐ Female

**(PLEASE ATTACH A COPY OF CHILD'S BIRTH CERTIFICATE TO THIS FORM)**

Reason for choosing St. John: \_\_\_\_\_

### **Family Information**

#### **Father**

#### **Mother**

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

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

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

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

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

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

Phone: (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

MARITAL STATUS: ☐ Married ☐ Divorced ☐ Other

Child lives with: ☐ Both Parents Together ☐ Both Parents Separately ☐ Mother ☐ Father ☐ Guardian / Other

#### **If parents are *not* married:**

Who has primary custody of the child?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian / Other

Who is responsible for school bills?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian / Other

Who receives report cards?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian / Other

Who is responsible for making school-related decision?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian / Other

Who should receive general school-related information?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian / Other

Race or ethnicity: ☐ African American

☐ Asian

☐ Caucasian

☐ Hispanic

☐ Native American

☐ Multiracial

Primary Language Spoken at Home: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Tuition Information**

St. Pio Parishioner ☐ Yes ☐ No

Catholic ☐ Yes ☐ No  
(Parishioner Diocese of Norwich)

Non-Catholic ☐ Yes ☐ No

Env. # \_\_\_\_\_

Name of Parish: \_\_\_\_\_

Payment to be made by: ☐ Pay in Full by August 1<sup>st</sup> ☐ Use Facts Tuition Plan

**Child's Sacramental Life**

Church

Town & State

Date

Baptism: \_\_\_\_\_

**Authorized Adults and Emergency Contacts:**

Please list the adult(s) authorized to pick your child up from school:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Whom should we contact in case you are unable to be reached in an emergency?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**PLEASE NOTE: NO CHILD MAY ATTEND PRE-KINDERGARTEN IN DIAPERS OR PULL-UPS.  
CHILD MUST BE FULLY POTTY TRAINED TO BEGIN PRE-KINDERGARTEN.**

Parent Signature: \_\_\_\_\_

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