

St. Rose of Lima Preschool Registration

Student Name _____
(Last) (Middle) (First)

Student Address _____

Telephone Number (Home) _____ (Cell) _____

Parish _____

Birth Date _____ Birthplace _____
(Month/Date/Year) (City/State - Not Hospital)

Student's Social Security Number (optional) _____

School District Live In _____

Preschool Attended Last Year (If Any) _____

Baptized _____ Yes _____ No (Check One)

(Date) (Church) (City/State)

Father's Name _____

Address _____

City/State _____

Birth Date _____

Birthplace _____

Religion _____

Home Phone _____

Cell Phone _____

Cell Phone Provider _____

Occupation _____

Employer _____

Work Phone _____

Education _____

Marital Status _____

E-mail _____

Mother's Name _____

Address _____

City/State _____

Birth Date _____

Birthplace _____

Religion _____

Home Phone _____

Cell Phone _____

Cell Phone Provider _____

Occupation _____

Employer _____

Work Phone _____

Education _____

Marital Status _____

E-mail _____

Siblings:

Name

Birthdate

Additional Health Information: Special Conditions, Allergies, etc.:

Does your child have any special interests?

Is there anything else you think we should know about your child?

Emergency Contacts

Name _____ Phone Number _____

Name _____ Phone Number _____