

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)

Preschool Section Enrolling In: (Circle One)

P2 (T/Th Morning)

P3 (M/W/F Morning)

P5 (M-F Afternoon)

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 _____

Please return to the St. Rose School office as soon as possible.

Mailing address is:

St. Rose of Lima School
c/o Preschool Registration
1302 W 5th St.
Crofton, NE 68730