

SAINT CECILIA PRESCHOOL REGISTRATION

3-year-old (T,TH AM)_____ 4-year-old (M,W,F AM)_____ 4-year-old (M,T,TH PM)_____

START DATE_____

STUDENT'S FULL NAME_____

FIRST NAME STUDENT WILL USE:_____ GENDER: Male or Female

ADDRESS, CITY, and ZIP_____

HOME PHONE:_____ DATE OF BIRTH: _____

PARISH WHERE YOU ARE REGISTERED _____

STUDENT'S PLACE OF BIRTH: _____

BAPTISM DATE: _____ PLACE & PARISH: _____

MOTHER: _____ FATHER: _____

MOTHER'S MAIDEN NAME: _____

PLACE OF BIRTH: _____ PLACE OF BIRTH: _____

RELIGION: _____ RELIGION: _____

MARITAL STATUS: _____ MARITAL STATUS: _____

OCCUPATION: _____ OCCUPATION: _____

EMPLOYER: _____ EMPLOYER: _____

BUSINESS PH: _____ BUSINESS PH: _____

CELL PH: _____ CELL PH: _____

EMAIL: _____ EMAIL: _____

GUARDIAN (if applicable): _____

LANGUAGE(S) SPOKEN AT HOME: _____

U.S. CITIZEN Yes_____ No_____

IDENTIFY RACE CLASSIFICATION (circle one): American Indian or Alaskan Native
Asian or Pacific Islander African American Hispanic Caucasian

NAMES AND AGES OF OTHER FAMILY MEMBERS: _____

INDICATE NAME OF THE ELEMENTARY PUBLIC SCHOOL DISTRICT NAME IN
WHICH YOU RESIDE _____

FAMILY PHYSICIAN/PHONE #: _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL PROBLEMS: _____
IF SO, SHOULD THEY BE DEALT AT SCHOOL (Explain) _____

ANY OTHER INFORMATION WHICH MIGHT HELP US UNDERSTAND YOUR CHILD'S
NEEDS: _____

HAVE YOU TURNED IN AN IOWA IMMUNIZATION CARD/PHYSICAL/BIRTH
CERTIFICATE TO ST. CECILIA SCHOOL? Yes _____ No _____
(IOWA LAW REQUIRES A CARD BE SUBMITTED WITHIN 3 MONTHS OF ENROLLMENT.)

OFFICE USE ONLY:	
Birth Certificate: _____	Entered into PowerSchool: _____
Iowa Immunization Card: _____	Assigned ID/Password & Letter Mailed: _____
Physical/Health Update: _____	Entered Tuition on ACS: _____
Vital Info to Teacher/Lunch Staff: _____	