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 _____ PLACE OF BIRTH _____

PRESENT ADDRESS _____
(Street) (City) (Zip)

Phone Number _____

Father's Name _____ Religion _____
(First) (Last)

Father's Occupation _____

Deceased ( ) Separated ( ) Remarried ( )

Mother's Name _____ Religion _____
(First) (Maiden)

Mother's Occupation _____

Deceased ( ) Separated ( ) Remarried ( )

Is your child Catholic? ____ Yes ____ No If no, what religion? _____

Baptism of child: Date _____ Church_____ City _____

Child resides with: _____ Parents ___ Mother ___
Name Father ____ Legal Guardian ___

_____
Parent's Signature