



**Preschool Registration Application  
2017-2018 School Year**

Parish: \_\_\_\_\_ SSJ Parish ID#: \_\_\_\_\_ (office completes)

**Name of student:** \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ Gender: (M) \_\_\_\_\_ (F) \_\_\_\_\_ Country of birth: \_\_\_\_\_

Grade in September 2017: (PreK 3) \_\_\_\_\_ (PreK 4) \_\_\_\_\_ Ethnic background: \_\_\_\_\_

Public school district of residence: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and street name)

\_\_\_\_\_ (City, state and zip code)

Home phone number including area code: \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

**Full name of mother:** \_\_\_\_\_  
(Including maiden name)

Religion of mother: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Mother's work number #: \_\_\_\_\_ Mother's cell number #: \_\_\_\_\_

**Full name of father:** \_\_\_\_\_

Religion of father: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Father's work number #: \_\_\_\_\_ Father's cell number #: \_\_\_\_\_

Parents are: Married Separated Divorced Deceased-Mother Deceased-Father  
(Please circle)

*(Please fill out student section on reverse side.)*

Home situation of student – please check all that apply.

\_\_\_\_\_ 2 biological parents \_\_\_\_\_ Father/stepmother

\_\_\_\_\_ 1 parent \_\_\_\_\_ Mother/stepfather

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Please list stepparents, guardians, or addresses of parents if different from what is already listed:

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

(Number and street name)

\_\_\_\_\_

(City, State and Zip Code)

Phone Number including area code: \_\_\_\_\_

Language spoken at home if not English: \_\_\_\_\_

Please list other siblings.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade if in school \_\_\_\_\_

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**Sacramental Information for registering student**

**Date Church City State**

Baptism \_\_\_\_\_

Does your child receive Early Intervention from the Chester County Intermediate Unit? \_\_\_Yes\_\_\_No

Is your child potty trained? \_\_\_Yes\_\_\_No *All children must be potty trained by the start of school.*

**Program Selection**

3 Year Old 3 Day Program (Mon, Wed, Fri)

\_\_\_\_\_ 3 Half Days - 8:30 am-noon

\_\_\_\_\_ 3 Full Days - 8:30 am-3:10 pm

4 Year Old 3 Day Program (Mon, Wed, Fri)

\_\_\_\_\_ 3 Half Days - 8:30 am-noon

\_\_\_\_\_ 3 Full Days - 8:30 am-3:10 pm

3 Year Old 5 Day Program (Mon-Fri)

\_\_\_\_\_ 5 Half Days - 8:30 am-noon

\_\_\_\_\_ 5 Full Days - 8:30 am-3:10 pm

4 Year Old 5 Day Program (Mon-Fri)

\_\_\_\_\_ 5 Half Days - 8:30 am-noon

\_\_\_\_\_ 5 Full Days - 8:30 am-3:10 pm

Rectory approval \_\_\_\_\_

Nurse approval \_\_\_\_\_

Date rec'd. \_\_\_\_\_

Fee amount \_\_\_\_\_

Check Number \_\_\_\_\_