

SAINT PHILIP NERI SCHOOL

PRE-SCHOOL REGISTRATION INFORMATION

THREE OR FOUR YEAR OLD PROGRAM 2011-2012 SCHOOL YEAR

Three Year Old (Tuesday / Thursday)

Four Year Old (Monday / Wednesday / Friday)  AM  PM  ALL DAY

Family Name \_\_\_\_\_ Religion \_\_\_\_\_

Parish \_\_\_\_\_  Male  Female

Child's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Town Zip Home Phone Number

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race  White  Black  Hispanic  Asian  American Indian  Other

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_ Country of Birth \_\_\_\_\_  Deceased

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_ Country of Birth \_\_\_\_\_  Deceased

Home Situation (Check all that apply) Language spoken at home if NOT English \_\_\_\_\_

Two Biological Parents  Father / Stepmother  Parents Separated or Divorced  
 One Parent  Mother / Stepfather  Other \_\_\_\_\_

Is there a custody agreement concerning your child?  YES  NO

If YES, please include a copy. All court decrees must be on file in our school office

Parental Rights (In case of separation or divorced)

Legal Custody  Joint Custody  Sole Custody  Mother  Father  Guardian

Physical Custody  Joint Custody  Sole Custody  Mother  Father  Guardian

If Guardian \_\_\_\_\_  
Last First County of Birth Religion

Emergency Contacts (other than Parent's)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please bring the following forms / records with you when you register:

Birth Certificate  Immunization Records  Registration Fee  Custody Agreement If applicable

Signature of Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_