

PRESCHOOL APPLICATION FORM FOR MARY OF NAZARETH CATHOLIC SCHOOL

Registration Date: _____ Age Group: _____

Name of Child: _____ Religion: _____
Last First Full Middle Name

Address: _____

Phone: _____ Birth Date: _____ Place of Birth: _____
Month/Day/ Year City/State

Student entering from preschool (School Name and Address): _____

Student's Ethnic Origin: Check One

- Black (not Hispanic) _____
American Indian _____
Oriental/Asian _____
Hispanic (regardless of race) _____
White/Caucasian _____

Language(s) spoken, written, read in home:

Student resides with:

- Mother Father Both parents Other

Student's Parish: _____

Date of Reception of Sacraments:

Baptism: _____
Date (Mo./Day/Year) Church City/State

Father's Name: _____
Last First

Religion: _____

Occupation: _____

Education: _____

Home Address: _____

Business Telephone: _____

Cell Phone: _____

Email Address: _____

- Separated Remarried Deceased

Mother's Name: _____
Last First Maiden Name

Religion: _____

Occupation: _____

Education: _____

Home Address: _____

Business Telephone: _____

Cell Phone: _____

Email Address: _____

- Separated Remarried Deceased

Siblings: _____
Name Birth Order Name Birth Order Name Birth Order
Name Birth Order Name Birth Order Name Birth Order

Parent Signature

Date

PLEASE NOTE:

This registration will not be considered complete without the following documents:

Pre-school/ Kindergarten:

- * Copy of Birth Certificate
- * Baptismal Certificate
- * Pastoral Letter of Recommendation
- * Registration & Tuition Agreement