

ST. DAMIAN SCHOOL 2018-2019 PRE-SCHOOL REGISTRATION FORM

Please choose the program you would like to attend:

3-year-old Pre-school:

Mon__ Tues__ Wed__ Thur__ Fri__
3 days ___ 1/2 Day ___ Full Day
4 days ___ 1/2 Day ___ Full Day
5 days ___ 1/2 Day ___ Full Day

4-year-old Pre-school:

Mon__ Tues__ Wed__ Thur__ Fri__
3 days ___ 1/2 Day ___ Full Day
4 days ___ 1/2 Day ___ Full Day
5 days ___ 1/2 Day ___ Full Day

Child's Last Name _____ First _____ Middle Initial _____ Gender _____

Present Address _____ City _____ State _____ Zip _____ Phone Number _____

Family email address _____ **Public School Name and School District Number** _____

Child's Birth Date _____ City, State or County _____ Baptismal Date/Church Name _____

Name of Roman Catholic Parish you attend _____ Name of Church you attend _____

Please check if applicable: ___ Married ___ Single ___ Separated ___ Divorced ___ Remarried ___ Deceased

Father's Name _____ Address if different than students _____ Phone Number _____

Birth Place _____ Father's Religion _____ Years Attended School _____ Occupation and Current Employer _____

Mother's Name _____ Maiden Name _____ Address if different than students _____ Phone Number _____

Birth Place _____ Mother's Religion _____ Years Attended School _____ Occupation and Current Employer _____

Please Provide Parent Guardian Title And Name As It Should Appear On Mailing Label:

___ Mr & Mrs ___ Mrs ___ Mr ___ Miss ___ Ms Name: _____

Child lives with: _____ Relationship: _____

Language(s) spoken at home: _____

Does child have any physical/educational/behavioral disabilities? ___ Yes ___ No

If yes, please name and provide copies of proper documentation: _____

I (We), the undersigned, am financially responsible for tuition payments, fees, etc. for my child/children at St. Damian School. All uncollected tuition and/or fees will be sent to collections and will accrue 3% interest charges as well as all attorneys' fees and court costs.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

New family application fee - \$100.00

A copy of your child's birth certificate must accompany this form.