



St. Vincent de Paul School
Preschool through 6th Grade

Registration Form

Name of Child:		Nickname:	
Birth date: ____ ____ ____ ? Male ? Female Age as of September 1, 2006 ____ <i>(Please provide copy of birth certificate if not already on file in school office)</i>			
Grade level in September <input type="checkbox"/> Preschool <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th			
If enrolling in Preschool, please indicate class <input type="checkbox"/> Preschool: 3 days M-W-F 8:15 a.m.–11:15 a.m. <input type="checkbox"/> Preschool: 5 days M-T-W-Th-F 8:15 am–11:15 am			
Previous School Attended			
How did you learn about our school?			
Parent(s) or Guardian(s) with whom child resides			
Name		SSN:	Religion
Relationship			
Home Address			Phone
Employer	Hours From	To	Phone
Work Address			
Name		SSN:	Religion
Relationship			
Home Address			Phone
Employer	Hours From	To	Phone
Are you a registered and contributing parishioner? ? Yes ? No If so, which parish:			
Sacraments Received <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <i>(Please provide copy of Baptism certificate, if not yet in school office)</i>			
Check here if you tentatively plan to use our extended care program on a regular basis. ? Before school ? After school			
Signature of parent or guardian			Date:
Office Use Only	In Parish _____	Out of Parish _____	Reg. Fee \$ _____
	Paid in Cash _____	Check# _____	