

**ST. HELEN CATHOLIC ACADEMY REGISTRATION FORM**  
**Pre K 3 year old PROGRAM**

Date: \_\_\_\_\_ Registration #: \_\_\_\_\_ Reg. Fee Pd. \_\_\_\_\_  
 Parishioner of St. Helen \_\_\_\_\_ Yes \_\_\_\_\_ No Church Envelope # \_\_\_\_\_

**Student Information**

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Circle One: Male Female Birth Date: \_\_\_\_\_  
 mm/dd/yyyy

**Mailing Address for School Correspondence** (This should be the student's home address):

Street Address \_\_\_\_\_  
 Apartment Number \_\_\_\_\_  
 Zip Code \_\_\_\_\_ City \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 e-mail \_\_\_\_\_

Does this student have an Individualized Education Plan (IEP)? Yes No  
 Is this child the oldest child in your family enrolled in this school? Yes No

Primary language that is spoken in your home \_\_\_\_\_

Is this student Catholic? Yes No

Baptismal Church: \_\_\_\_\_

Name of the church where this student currently worships: \_\_\_\_\_

What was the date of this student's first polio vaccine shot? \_\_\_\_\_

What is the city, state, country where this student was born?

\_\_\_\_\_  
 City State Country (if USA leave blank)

|                                 |                   |              |                       |
|---------------------------------|-------------------|--------------|-----------------------|
| <b><u>Please Check One:</u></b> | 8:30 am -12:30 pm | 2 Days _____ | \$ _____ <sup>a</sup> |
|                                 | 8:30 am - 2:50 pm | 2 Days _____ | \$ _____ <sup>b</sup> |
|                                 | 8:30 am -12:30 pm | 3 Days _____ | \$ _____ <sup>c</sup> |
|                                 | 8:30 am - 2:50 pm | 3 Days _____ | \$ _____ <sup>d</sup> |
|                                 | 8:30 am -12:30 pm | 5 Days _____ | \$ _____ <sup>e</sup> |
|                                 | 8:30 am - 2:50 pm | 5 Days _____ | \$ _____ <sup>f</sup> |

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Immunization Records  
 \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Social Security Card

**Mother/Guardian** (This is the primary care taker of the student and resides with the student)

Title: \_\_\_\_\_ (Mrs., Dr., Ms., etc.) Relationship to child: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Ext. \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Father**

Title: \_\_\_\_\_ (Mr., Dr., etc.) Relationship to child: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

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

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Ext. \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact**

Title: \_\_\_\_\_ (Mr., Mrs., Dr., Ms., etc.) Relationship to the child: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Ext. \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Is this person allowed to pick-up the student after school?            Yes    No

Allergies or Other Medical Needs \_\_\_\_\_

If your child receives an IEP during the upcoming school year, or if a current IEP changes, St. Helen Catholic Academy may or may not be able to comply with it. A conference will be required.

Signature \_\_\_\_\_