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

Date:	Registrati	on #:	Reg. Fee Pd		
Parishioner of St. He	elen Church	Yes	No		
Student Informa	<u>ition</u>				
Einst Name		: d d1 a Turiti a1	Last Name		
First Name:	IVI	iddie initiai _	Last Name		
Circle One: Male	Female	Birth Date: _			_
Mailing Address fo	or School Corre	spondence (T	mm/dd/yy his should be the stu	<i>J J</i>	me address)
J		_ `			
Street Address Apartment Number _					
Zip Code		City			
Home Phone					
e-mail					
Does this student ha			` '		No No
Primary language that	at is spoken in y	our home			
Is this student Catho	lic? Yes	No			
Baptismal Church: _					
Name of the church	where this stude	nt currently w	orships:		
What was the date of	f this student's f	irst polio vacc	ine shot?		
What is the city, stat	e, country where	e this student v	was born?		
City	State		Co	untry (if U	SA leave blan
Please Check One:	8:30 am -12:3	0 pm	2 Days a/	'd	
	8:30 am - 2:5	-	2 Days		
	9.20 am 12.2	0	2 Davis		
	8:30 am -12:3 8:30 am - 2:5	-	3 Days b/ 3 Days	e	
	5.50 am - 2.5	o hiii	J Days		
	8:30 am -12:3	0 pm	5 Days c/	f	
	8:30 am - 2:5	0 pm	5 Days		
Birth (Certificate	Imm	unization Records		
	smal Certificate		al 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:
Emergency Contact
Title: (Mr., Mrs., Dr., Ms., etc.) Relationship to the child:
First Name: Middle Initial: Last Name:
Home Phone ()
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.