

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

Date: _____ Registration #: _____ Reg. Fee Pd. _____
Parishioner of St. Helen Church _____ Yes _____ No

Student Information

First Name: _____ Middle Initial _____ Last Name _____

Circle One: Male Female Birth Date: _____
mm/dd/yyyy

Mailing 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)

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

_____ Birth Certificate _____ Immunization Records
_____ Baptismal Certificate (if Catholic)

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 _____