

HOLY CROSS KINDERGARTEN REGISTRATION FORM

DATE OF ADMISSION _____

FEE PAID _____

CHECK NO. _____

Child's Name _____

Birthdate _____ Age _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____

Gender (circle one) M F Nickname _____

School District we reside in _____

Mother's Name _____

Father's Name _____

Mother's Address _____

Father's Address _____

City, State, Zip _____

City, State, Zip _____

Mother's Phone _____

Father's Phone _____

Mother's Cell # _____

Father's Cell # _____

Mother's Employer _____

Father's Employer _____

Address _____

Address _____

Phone _____

Phone _____

Stepparent information if applicable:

Name _____

Child's legal guardian(s) if applicable:

Name _____

Complete Address _____

Complete Address _____

Phone #'s _____

Phone #'s _____

Employer _____

Employer _____

Child lives with _____

If not at home or work, give school telephone number or other telephone number where parents can be reached.

Mother _____

Father _____

Other children (name, age, birthdate)

Brothers _____

Sisters _____

People who have permission to pick your child up from Holy Cross Preschool.

1. Name _____

3. Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Telephone _____

Telephone _____

Relationship to child _____

Relationship to child _____

2. Name _____

4. Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Telephone _____

Telephone _____

Relationship to child _____

Relationship to child _____

Use separate sheet if more space is needed.

Do you require childcare before or after the kindergarten hours? _____ yes _____ no
Days child care is needed: _____ Hours care is needed: _____
Who will usually drop the child off? _____
Who will usually pick the child up? _____

Has your child attended any Preschool/Child Care? _____ Where? _____
What age? _____

What method of discipline do you usually use with your child? _____

What special interests does your child have? _____

With what toys does your child most enjoy playing? _____

Are there any pets in the home? _____

Is the child left handed or right handed? _____

List any fears your child has: _____

Is there anything you think we should know about your child that will assist us in taking better care of him/her?

Do you suspect any speech or hearing difficulties? _____

Has the child been baptized? _____

Present church affiliation of Mother _____ Father _____

Does child attend Sunday School? _____ Where? _____

Why do you wish to send your child to Holy Cross Kindergarten? _____

Signature of Person Completing This Form	Date
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Notice of Nondiscriminatory Policy for Students...

Holy Cross Preschool and Kindergarten recruits and admits students of any race, color, gender and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. In addition, the school will not discriminate on the basis of race, color, gender ethnic origin in the administration of its educational programs, admissions policies, and other school-administered programs. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

All registration forms may be downloaded from our website: www.holycrossnorthcanton.com