

HOLY CROSS KINDERGARTEN REGISTRATION FORM

DATE OF ADMISSION _____

FEE PAID _____
CHECK NO. _____

Child's Name _____
Home Address _____
Home Telephone _____
School District we reside in _____

Birthdate _____ Age _____
City _____ State _____ Zip _____
Gender (circle one) M F Nickname _____

Mother's Name _____
Mother's Address _____
City, State, Zip _____
Mother's Phone _____
Mother's Cell # _____
Mother's Email _____
Mother's Employer _____
Address _____
Phone _____

Father's Name _____
Father's Address _____
City, State, Zip _____
Father's Phone _____
Father's Cell # _____
Father's Email _____
Father's Employer _____
Address _____
Phone _____

Stepparent information if applicable:
Name _____
Complete Address _____
Phone #'s _____
Employer _____

Child's legal guardian(s) if applicable:
Name _____
Complete Address _____
Phone #'s _____
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 _____
Address _____
City, State, Zip _____
Telephone _____
Relationship to child _____

3. Name _____
Address _____
City, State, Zip _____
Telephone _____
Relationship to child _____

2. Name _____
Address _____
City, State, Zip _____
Telephone _____
Relationship to child _____

4. Name _____
Address _____
City, State, Zip _____
Telephone _____
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? _____
 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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All registration forms may be downloaded from our website: www.holycrossnorthcanton.com

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.