

# JOHN F. KENNEDY CATHOLIC SCHOOL

111 West Spruce St.  
Washington PA 15301  
724-225-1680

## Pre-School Registration Form

### Four Year Old Program

- \_\_\_\_\_ Monday – Friday - all day program
- \_\_\_\_\_ Monday – Friday - a.m. only program
- \_\_\_\_\_ Mon. Wed. Fri. - all day program
- \_\_\_\_\_ Mon. Wed. Fri. - a.m. only program

### Three Year Old Program

- \_\_\_\_\_ Tues & Thurs. - a.m. only

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
City State Zip Code Phone (C) \_\_\_\_\_

School District in which you reside \_\_\_\_\_

Father's Name \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religious Affiliation \_\_\_\_\_  
First Maiden Married

Place of Business (Father) \_\_\_\_\_ Phone \_\_\_\_\_

Place of Business (Mother) \_\_\_\_\_ Phone \_\_\_\_\_

Marital Status of Parents:

Father:	Single	Married	Separated	Divorced	Deceased	Re-married
Mother:	Single	Married	Separated	Divorced	Deceased	Re-married

How do you wish correspondences from the school to be addressed? \_\_\_\_\_  
Ex: Mr. & Mrs. John Miller Ms. Veronica Jones Mr. John Miller Mrs. Veronica Miller

Are you a registered member of Immaculate Conception Parish? \_\_\_\_\_

If not, which parish are you a member (registered): \_\_\_\_\_

Address of Parish (Church): \_\_\_\_\_

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\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Immunization Date of Registration: \_\_\_\_\_

\_\_\_\_\_ Verification of church membership Registration Fee: \_\_\_\_\_

**A NON REFUNDABLE REGISTRATION FEE OF \$100.00 PER CHILD IS DUE WHEN REGISTERING**

Baptismal Information: (if applicable)

Date \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address \_\_\_\_\_

Does your child have any medical conditions the school personnel need to be aware of? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list \_\_\_\_\_

\_\_\_\_\_

List any dietary restrictions: \_\_\_\_\_

Other children in family:

\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

e-mail address \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date