

JOHN F. KENNEDY CATHOLIC SCHOOL

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

Kindergarten Registration Form

_____ full day program _____ ½ day program

Student's Name _____ Gender _____
Last First Middle

Date of Birth _____ Place of Birth _____

Student's Social Security Number _____ Age _____

Home Address _____ Phone (H) _____

_____ Phone (C) _____
City State Zip Code

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): _____

_____ 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