BLESSED SACRAMENT SCHOOL **PRE-KINDERGARTEN – GRADE 8**

Current e-mail: _____

School District in which you reside: _____ Grade Entering: _____

Child's Name: _____ Age___ M___ F___
First Middle Last

Address:_____ City, State, Zip Code:_____

Home Phone#:_____ Cell Phone # _____

Child's Birthdate: _____ Birthplace: _____

Baptism: Church: _____ City/State: _____

1st Communion: Church: _____ City/State: _____

Confirmation: Church: _____ City/State: _____

Are you registered with Blessed Sacrament Parish? Yes _____ No _____

School last attended: _____ Address:_____
(City, State & zip code)

Father's Name: _____ Religion: _____
Last First

Single ( ) Deceased ( ) Separated ( ) Divorced ( ) Married ( )

Occupation: _____
What Where Phone

Mother's Name: _____ Religion: _____
Last Name Maiden First

Single ( ) Deceased ( ) Separated ( ) Divorced ( ) Married ( )

Occupation: _____
What Where Phone

Child resides with: Parents ____ Mom only ____ Dad only ___ Joint Custody ____ Other ___

Pre-Kindergarten Only (3 year olds) **Must be <u>3yrs. old by September 1</u>**
Choice of days: M W F ____8-12 M W F _____8-3
M T W TH F ___ 8-12 M T W TH F ___ 8-3

Pre-Kindergarten Only (4 year olds) **<u>Must be 4yrs. old by September 1</u>**
Choice of days: M W F ____8-12 M W F _____8-3
M T W TH F ___ 8-12 M T W TH F ___ 8-3

Kindergarten Only (5 year olds) **<u>Must be 5yrs. old by September 1</u>**
M T W TH F ___ 8-12 M T W TH F ___ 8-3

By signing this document, I verify that all information is correct.

_____ Date: _____
Parent/Guardian Signature