ST. WENDELIN SCHOOL FAMILY REGISTRATION   2020-2021
PRESCHOOL

FAMILY NAME			DATE	

CHILD(REN) INFORMATION

LAST NAME	FIRST NAME	GENDER	GRADE (2020-21)	BIRTHDATE	ETHNICITY

STUDENT'S RELIGION ☐ CATHOLIC ☐ OTHER PLEASE SPECIFY RELIGION _____

IF CATHOLIC, STUDENT'S HOME PARISH _____

FATHER		MOTHER		MAIDEN NAME	

HOME PHONE		FAMILY E-MAIL		
FATHER'S CELL PHONE		MOTHER'S CELL PHONE		
ADDRESS		CITY		ZIP
HOME PUBLIC SCHOOL DISTRICT				
SPECIFIC PUBLIC SCHOOL BUILDING YOUR CHILD WOULD ATTEND				

FATHER'S RELIGION		MOTHER'S RELIGION	
OCCUPATION		OCCUPATION	
PLACE OF EMPLOYMENT		PLACE OF EMPLOYMENT	
WORK PHONE		WORK PHONE	

MARITAL STATUS ☐ LIVING WITH SPOUSE ☐ SEPARATED ☐ DIVORCED ☐ REMARRIED ☐ SINGLE

IN CASE OF AN EMERGENCY, WE WILL CALL THE HOME NUMBER, THEN MOM OR DAD'S CELL PHONE. IF WE ARE STILL UNABLE TO REACH YOU, PLEASE LIST IN ORDER THE SECONDARY CONTACTS AND THEIR PHONE NUMBERS.

1. NAME		PHONE		RELATIONSHIP	
2.NAME		PHONE		RELATIONSHIP	

REGISTRATION FOR ALL CURRENT AND INCOMING STUDENTS IS NOT COMPLETE UNTIL A $100 PER CHILD NON-REFUNDABLE REGISTRATION FEE IS ATTACHED TO THE REGISTRATION DOCUMENTS. CLASS SIZE IS LIMITED IN EACH GRADE LEVEL; PLEASE DO NOT DELAY COMPLETING AND RETURNING THE REGISTRATION DOCUMENTS AND REGISTRATION FEE.

NEW STUDENT REGISTRATION WILL BE ACCEPTED; HOWEVER, THE STUDENT WILL BE ON PROBATION UNTIL ALL RECORDS (INCLUDING SPECIAL NEEDS REPORTS, PSYCHOLOGICAL REPORTS, IEP'S, ETC.) ARE OBTAINED FROM THE PREVIOUS SCHOOL.

PARENT/GUARDIAN SIGNATURE		DATE	

_____

Office Use Only:

Registration Fee Received: Amount $_____($100/child)   Check No. _____   Cash _____

Date: _____