

**PRE-REGISTRATION FORM**

St. Leonard School  
W173 S7777 Westwood Dr.  
Muskego, WI 53150-9160  
(262) 679-0451

Date of Registration \_\_\_\_\_

School Year \_\_\_\_\_ Grade \_\_\_\_\_

Please Circle: K3 Program: Full Day Half Day Three Days Five Days  
K4 Program: Full Day Half Day  
K5 Program: Full Day Half-Day

Child's Name \_\_\_\_\_  
Last First Middle (full name)

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_  
City State Month Day Year

Foster Child/Adopted? \_\_\_\_\_ Social Security # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Mom's Cell (\_\_\_\_) \_\_\_\_\_ Dad's Cell (\_\_\_\_) \_\_\_\_\_

Present Home Address \_\_\_\_\_  
Street City Zip

If Moving, Future Address: \_\_\_\_\_

Anticipated Date of Move: \_\_\_\_\_

Mom's Email: \_\_\_\_\_ Dad's Email: \_\_\_\_\_

School Last Attended \_\_\_\_\_ Year(s) \_\_\_\_\_  
Name

Address City/State/Zip

Sacraments Received:

Baptism \_\_\_\_\_  
Date Parish/City/State

Other \_\_\_\_\_  
Sacrament Date Parish/City/State

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
First Middle Last Maiden

Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Marital Status \_\_\_\_\_ If Divorced, Child Lives With \_\_\_\_\_

Are you a registered member of St. Leonard Parish? \_\_\_\_\_

Names and Birth Dates of ALL Children in the Family (Please list the oldest first):

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_