

# Student Re - Registration Form

<b>For Office Use Only</b>				
Date _____	Grade _____	Day _____	Time _____	Paid _____

**Please fill out this form completely.**

\_\_\_\_\_  
*Student's Last Name*                      *First Name*                      *Middle Name*

\_\_\_\_\_  
*Address*                                      *City*                                      *State*                                      *Zip Code*

\_\_\_\_\_  
*School Attending*                      *Public School Grade*                      *Prep Grade*                      *Birthdate*  
*In September 2017*                      *In Sept. 2017*

\_\_\_\_\_  
*Mother's Name*                                      *Father's Name*

\_\_\_\_\_  
*Mother's Religion*                                      *Father's Religion*

\_\_\_\_\_  
*Home Phone*                                      *Mother's Work*                                      *Mother's Cell*

\_\_\_\_\_  
*Father's Work*                                      *Father's Cell*                                      *MARRIED, SEPARATED*  
*OR DIVORCED*

**Please write your session preference for Preschool through Grade 6 (see the attached paper for schedule of classes):**

**First Choice**                      \_\_\_\_\_  
*Day*                                      *Time*

**Second Choice**                      \_\_\_\_\_  
*Day*                                      *Time*

**Child is the youngest or only family member in PREP(Y/N)? \_\_\_\_\_**

**Please provide any medical information that pertains to your child.**

<b>Allergies</b>	<b>Medication</b>	<b>Medical Concerns or Physical Disabilities</b>	<b>Learning Disabilities</b>

**For your child(ren)'s protection, please fill out the name or names of authorized persons, other than yourself, who may pick him/her/them up at dismissal. Parents should inform the authorized person to be prepared to identify themselves to our staff. Please notify the Director of Religious Education promptly if any changes are in order.**

<b>Name</b>	<b>Phone Number</b>	<b>Relationship</b>

**Is there anyone who might stop for your child that you do NOT wish to have your child released to?**


**EMAIL ADDRESSES**

1. MOTHER \_\_\_\_\_

2. FATHER \_\_\_\_\_