OUR LADY OF THE ASSUMPTION SCHOOL
PRESCHOOL REGISTRATION

(STUDENT'S)

LAST NAME _____ DATE: _____
(STUDENT'S)

FIRST NAME _____ BIRTHDATE: _____

RACE: _____ BIRTHPLACE: _____

AGE:(as of 8/31) _____

RELIGION: _____ PARISH NAME & LOCATION:_____

DATE OF BAPTISM: _____ PLACE OF BAPTISM: _____

STUDENT'S HOME ADDRESS:

STREET:_____ CITY/ZIP:_____

HOME PHONE: (_____)_____ LIVES WITH: ( ) MOTHER ( ) FATHER ( ) BOTH
( ) GRANDPARENT ( ) OTHER
_____

BROTHER/SISTER
#1 _____ GRADE: _____

#2 _____ GRADE: _____

#3 _____ GRADE: _____

PARENT INFORMATION

MOTHER	FATHER
LAST NAME:_____	_____
FIRST NAME: _____	_____
MAIDEN NAME: _____	
PLACE OF BIRTH: _____	_____
RELIGION: _____	_____
STREET: _____	_____
CITY/ZIP: _____	_____
OCCUPATION: _____	_____
HOME PHONE: (_____) _____	(_____) _____
WORK PHONE: (_____) _____	(_____) _____
CELL PHONE: (_____) _____	(_____) _____

E-MAIL ADDRESS: _____

BIRTH CERTIFICATE AND BAPTISMAL RECORD REQUIRED FOR PRESCHOOL AND KINDERGARTEN

Parent Signature: _____