

St. Kevin Catholic Academy
Pre-K - Registration Form 2018-2019

How did you hear about SKCA: _____

Child's Last Name: _____ First Name: _____

Male or Female: _____

Date of Birth: _____ Country/State of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Primary e-mail: _____

The following questions are for information/demographic purposes only.

Hispanic: Yes / No Background (circle one): American Indian Asian Black
Pacific Islander White

Language(s) spoken at home: _____

Catholic: Yes / No If yes, which parish? _____

Child baptized: Yes / No If yes, where? _____

Father's Name: _____ Birthplace: _____

Occupation: _____ Business Phone: _____

Business Address: _____ Cell Phone: _____

Father's Religion: _____ Email: _____

Mother's Name: _____ Birthplace: _____

Occupation: _____ Business Phone: _____

Business Address: _____ Cell Phone: _____

Mother's Religion: _____ Email: _____

Marital Status (circle one): Married Separated Divorced Single

Child Lives With (circle one): Both parents Mother Father Guardian

Brothers/Sisters:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Previous School History:

Nursery School Name & Address: _____

In Case of Emergency, who (other than parent) should be contacted:

Name	Relationship	Telephone Number
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Name	Relationship	Telephone Number
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PLEASE NOTE:

The child's usual days and hours of school are Monday through Friday, 8:30 a.m. to 2:50 p.m.

The meals normally received while in school are breakfast and lunch.

Parent/Guardian Signature

Date

REQUIRED DOCUMENTATION FOR REGISTRATION:

- Birth Certificate
- Immunization Record
- Physical Form from Doctor