

# 2019-2020

## Saint Francis de Sales Catholic Academy

### REGISTRATION FORM

**Nursery:** Child must be 3 years of age by December 31<sup>st</sup> 2019

**Please circle your selected program:**

Program: Monday Wednesday Friday 8:00am – 10:50am  
 Monday Wednesday Friday 11:35am-2:25pm

**Pre-Kindergarten:** Child must be 4 years of age by December 31<sup>st</sup> 2019

Program: Full day 7:55am – 2:25pm 5 days a week, Monday-Friday

**Kindergarten** Child must be 5 years of age by December 31<sup>st</sup> 2019

Program: Full day 7:55am – 2:25pm 5 days a week, Monday-Friday

**Grade Entering:** \_\_\_\_\_ **Transferring School (if applicable):** \_\_\_\_\_

**Zoned Public School:** \_\_\_\_\_ **School Address:** \_\_\_\_\_

**STUDENT INFORMATION:** STUDENT'S NAME MUST MATCH BIRTH CERTIFICATE

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Check One:  Male  Female Birth Date: \_\_\_\_\_  
 mm/dd/yyyy

Family Name (if different than student's last name): \_\_\_\_\_

**Student's Home Address:**

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

What is the city, state, and country where this student was born? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Other languages spoken at home are: \_\_\_\_\_

How many children are in your family? \_\_\_\_\_

List sibling's names, school attending, and grade:

Names	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Affiliation:  Catholic  Non-Catholic Parish Affiliation: \_\_\_\_\_

What is the name and location of the church where this student currently worships? \_\_\_\_\_

\_\_\_\_\_

Please indicate if the student received the sacrament of Baptism.  Yes  No

\_\_\_\_\_ Date \_\_\_\_\_ Name of Church and location \_\_\_\_\_

If the student has received any of the following sacraments of the Catholic Church, please enter the dates and the name of the church (es):

Penance: \_\_\_\_\_  
Date \_\_\_\_\_ Name of Church \_\_\_\_\_

Communion: \_\_\_\_\_  
Date \_\_\_\_\_ Name of Church \_\_\_\_\_

Confirmation: \_\_\_\_\_  
Date \_\_\_\_\_ Name of Church \_\_\_\_\_

Ethnic Background: Please check one. (for NYS Statistical Studies)

- American Indian  Asian  Black  Hispanic  Multi-Racial  Pacific Islander  White

**I.E.P. or Special Services Needed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information:**

What was the date of this student's Polio Immunization? \_\_\_\_\_

Special Needs (Allergies, etc.) \_\_\_\_\_

Food Allergies? \_\_\_\_\_

History of Asthma? \_\_\_\_\_

Does the child require an inhaler? \_\_\_\_\_ Nebulizer? \_\_\_\_\_

History of Serious Illness or Hospitalization:  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

**Person, (other than yourself) picking up your child:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Does the child know this person?  Yes  No

**Is there anyone that should not be picking up your child?** \_\_\_\_\_

**Father:**

Title \_\_\_\_\_ (Mr., Dr., etc.) First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

**Mother:**

Title \_\_\_\_\_ (Mrs., Dr., Ms., etc.) First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

**Guardian/Caretaker:** (resides at the same address as student)

Title \_\_\_\_\_ (Mr., Mrs., Dr., Ms., etc.) First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Are parents divorced or separated?  Yes  No Indicate: \_\_\_\_\_

Are any custodial papers needed to be on file with the school? \_\_\_\_\_

Please list any information about your child you feel the school should know: \_\_\_\_\_

Person(s) responsible for tuition:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street \_\_\_\_\_ apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Registration Fee and Tuition payments are **NON-REFUNDABLE** unless your child is not accepted.

Birth Certificate and Immunization records are required at Registration.

Catholic students must also present their Baptismal Certificate.

Children registering for Grades 1-8 must present their most recent report card.

All Immunization documents must be in before registration is complete.

If there are any documents missing, your child/s application will not be processed until complete.

<p><b>For office use only:</b>                  Total Due: _____ Amount Received: _____ Cash: _____ Check: _____</p>
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