



Christ the Divine Teacher Catholic Academy

Pre-Kindergarten -- 2017-2018 Registration Application

Registration fee of \$25 per student is due with registration form. Please make checks payable to St. Scholastica Parish

Date Submitted: _____

Student's Name: _____
Last First Middle

Birth Date: _____ Birthplace: _____ M/F _____ Birth Certificate # _____

Religious Affiliation of Student _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ (area code) -- phone #

email: _____ School District: _____

Registering for Pre-Kindergarten	
_____ 3 year old	2 days per week (T & Th)
_____ 4 year old	3 days per week (M/W/F)
_____ 4 year old	5 days per week

Father/Guardian: _____

Address: _____
Last First Middle

City: _____ State: _____ Zip: _____ E-mail: _____

Home Telephone: _____ Work Telephone: _____

Occupation: _____ Religion: _____ Parish: _____

Mother/Guardian: _____

Address: _____
Last First Middle

City: _____ State: _____ Zip: _____ E-mail: _____

Home Telephone: _____ Work Telephone: _____

Occupation: _____ Religion: _____ Parish: _____

Brothers/Sisters:

Name: _____	Sex: _____	Age: _____
Name: _____	Sex: _____	Age: _____
Name: _____	Sex: _____	Age: _____

Learning disabilities and/or Behavioral Assessments: _____

Submission

By the signature here under

- I hereby submit this application for enrollment at Christ the Divine Teacher Catholic Academy/St. Scholastica Preschool.
- I understand that the application fee is not refundable.
- I understand that ALL STUDENTS ARE ACCEPTED ON A NINE-WEEK PROBATIONARY PERIOD.

Signature: _____ Date: _____

*****DOCUMENTS REQUIRED*****

With registration: Birth Certificate _____ Emergency Care Card _____

.....
 Office Use Only:

Name: _____ Amt. Received: _____

Date Received: _____ Check #: _____ Bank: _____