



## 4-year-old Kindergarten (4K) Saint Patrick 4K Wraparound Registration 2020-2021

Date: \_\_\_\_\_ Time: \_\_\_\_\_

| Student Name<br>(Last, First, Middle)   | Date of Birth<br>(month/date/year) | Gender<br>M/F |
|---|------------------------------------|---------------|
|   |                                    |               |
| Ethnicity (please circle): Caucasian, African American, Native American, Asian, Hispanic/Latino, Pacific Islander, Multi-racial |                                    |               |
| Religion: _____ Name of Parish / Church Membership: _____   |                                    |               |

Student Address: \_\_\_\_\_  
 (House/Apt Number) (Street) (City) (Zip)

Names and Ages of any Siblings: \_\_\_\_\_

Child is in Custody of:  Both Parents  Father  Mother  Other: \_\_\_\_\_  
*Please contact the school office with any special custodial arrangements.*

**Father's Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

Father' address (if different than above): \_\_\_\_\_  
 (House/Apt Number) (Street) (City) (Zip)

Father's Place of Employment: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Send regular school communication to this email address?  yes  no

**Mother's Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

Mother's Address (if different than above): \_\_\_\_\_  
 (House/Apt Number) (Street) (City) (Zip)

Mother's Place of Employment: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Send regular school communication to this email address?  yes  no

| Parent Contact Information <i>(Please rank below in order to call: 1,2,3,4,5)</i> |                            |                                     | Permission to publish number on the secure website family directory? Y/N |
|---|----------------------------|-------------------------------------|--|
|   | Home Phone Number          |                                     |  |
|   | Father's Cell Phone Number | <input type="checkbox"/> Ok to Text |  |
|   | Father's Work Phone Number |                                     | NA   |
|   | Mother's Cell Phone Number | <input type="checkbox"/> Ok to Text |  |
|   | Mother's Work Phone Number |                                     | NA   |

| Emergency – Alternate Contact Information |              |              |
|---|--------------|--------------|
| Name                                      | Relationship | Phone Number |
|   |              |              |
|   |              |              |