



We are registered members of St. Maximilian Kolbe Church: Yes ___ No ___
If no, where registered? _____

Today's Date ____/____/____ (M,W,F) Registering for Pre- K 3 Half Day _____
(M,W,F) Registering for Pre- K 3 Full Day _____

Child's Name _____ M ___ F ___
(First) (Middle) (Last)

Child's Address _____
(Street) (City) (County) (Zip)

Home Phone Number (____) _____ Email Address _____

Cell Phone Number (____) _____ Mom Cell Phone Number (____) _____ Dad

Work Phone Number (____) _____ Mom Work Phone Number (____) _____ Dad

Email Address _____ Mom Email Address _____ Dad

SCHOOL DISTRICT IN WHICH CHILD RESIDES:

West Chester _____ Kennett Sq. _____ Unionville/Chaddsford _____ Other _____

Ethnicity : _____ Non-Hispanic _____ Hispanic

Race (√ one:)
_____ American Indian/Native American _____ Asian _____ Black
_____ Native Hawaiian/Pacific Islander _____ White _____ Two or more races

Religion: _____ Catholic _____ Non Catholic

Child Information

Date of Birth ____/____/____ City, State and Country of Birth _____, _____, _____
(PLEASE ATTACH COPY OF BIRTH CERTIFICATE)

Child was baptized at _____
(Church) (City) (Date)
(PLEASE ATTACH COPY OF BAPTISM CERTIFICATE IF NOT BAPTIZED AT SMK)

School child is coming from, (if applicable): _____
(Name and address of school coming from)

Reason for withdrawal _____

Has child ever received Early Intervention Assistance?

No _____ Yes _____ (Name of program) _____

If yes, please elaborate _____

Family Background

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Parent's Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Widow(er) ____

Father's Name _____
(First) (Middle) (Last)

Father's Religion _____

Father's Address (if different from child) _____

Father's Employer's name/address/phone _____

Country of Birth _____

Mother's Name _____
(First) (Maiden Name) (Married Name)

Mother's Religion _____

Mother's Address (if different from child) _____

Mother's Employer's name/address/phone _____

Country of Birth _____

Family Background Cont.

ONLY IF APPLICABLE.....

Primary physical custodial parent/guardian: _____

Special custodial court instructions: Yes ____ No ____ (If yes, please provide a copy)

Date court instructions given to school: _____

Please provide stepparent information here: _____

PLEASE DESCRIBE ANY MEDICAL ALERTS, SERIOUS ILLNESSES OR DISABILITIES WE SHOULD BE AWARE OF:

PLEASE LIST TWO EMERGENCY NAMES/NUMBERS (other than parents)

1. _____

2. _____