



We are registered members of St. Maximilian Kolbe Church: Yes \_\_\_ No

If no, where registered? \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Registering for Grade \_\_\_\_\_

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, 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)

Has child received any other Sacraments?

Reconciliation \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_

First Eucharist \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_

Confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_

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

Reason for withdrawal \_\_\_\_\_

**Has child ever been in a program for special needs or help?**

No \_\_\_\_\_ Yes \_\_\_\_\_ (Name of program) \_\_\_\_\_

If yes, please elaborate \_\_\_\_\_  
\_\_\_\_\_

Has child been given an Individualized Education Plan (IEP)? Yes \_\_\_ No \_\_\_

**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. \_\_\_\_\_