

# The Regina Academy at St. John the Baptist

4040 Durham Road

Ottsville, PA 18942

610-847-5523

## REGISTRATION FORM

### TO BE COMPLETED FOR EACH STUDENT

**PRE-SCHOOL:** 3 Y/O \_\_\_ 4 Y/O \_\_\_ 3DAYS (MWF) Half Day \_\_\_ Full Day \_\_\_ 5 DAYS (M-F) Half Day \_\_\_ Full Day \_\_\_

**KINDERGARTEN:** Half Day \_\_\_ Full Day \_\_\_ // 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_

#### STUDENT INFORMATION:

Students Name: \_\_\_\_\_

First

Middle

Last

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: City: \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

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

City: \_\_\_\_\_ Township: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ School District in Which You Reside: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT & PHONE #: \_\_\_\_\_

	DATE	CHURCH	CITY
Baptism	_____	_____	_____
Penance	_____	_____	_____
Holy Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Siblings	Date of Birth	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### PARENTS / GUARDIANS INFORMATION:

FATHER

MOTHER

Name (First & Last) \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Religion \_\_\_\_\_

Parish (you are a member) \_\_\_\_\_

Employer/ Occupation \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Parental Status: ( ) Married ( ) Divorced ( ) Separated ( ) Single ( ) Widowed

Divorced--Custodial Status: \_\_\_\_\_

REGISTRATION FEE PAID: \$50 Yes: \_\_\_\_\_ NO: \_\_\_\_\_ BIRTH CERTIFICATE \_\_\_\_\_ BAPTISMAL CERTIFICATE \_\_\_\_\_

IMMUNIZATION FORMS \_\_\_\_\_