

Our Lady of Mount Carmel Catholic Preschool New Student Registration Form

Today's Date: _____ Student Name: _____

Address: _____ City/State: _____ Zip Code: _____

P.O. BOX: _____ Home Phone: _____

Gender: _____ Grade Entering: _____ Date of Entrance: _____

Ethnic Background: _____ Place of Birth: _____ Date of Birth: _____

School Transferred From: _____

Address: _____ City/State: _____ Zip Code: _____

Sacraments Received

DATE

PLACE SACRAMENT PERFORMED

Baptism: _____ / _____ / _____ _____

PRIMARY HOUSEHOLD WHERE STUDENT RESIDES: PARENT(S)/GUARDIAN(S) INFORMATION

Mother Full Name: _____ Father Full Name: _____

Stepparent: YES _____ NO _____ Stepparent: YES _____ NO _____

Address: _____ City/State: _____ Zip Code: _____

E-Mail: _____ E-Mail: _____

Cell Phone: _____ Cell Phone: _____

Religion/Parish: _____ Religion/Parish: _____

Marital Status: _____ Marital Status: _____

Employer: _____ Employer: _____

Secondary Household (If Applicable) Does student reside here? YES _____ NO _____

Mother Full Name: _____ Father Full Name: _____

Stepparent: YES _____ NO _____ Stepparent: YES _____ NO _____

Address: _____ City/State: _____ Zip Code: _____

E-Mail: _____ E-Mail: _____

Cell Phone: _____ Cell Phone: _____

Religion/Parish: _____ Religion/Parish: _____

Marital Status: _____ Marital Status: _____

Employer: _____ Employer: _____