

**ST. LA SALLE PRESCHOOL
REGISTRATION FORM**

DATE: _____

SCHOOL YEAR _____

STUDENT INFO:

(LAST) (FIRST) (MIDDLE) S.S. # _____

ADDRESS (CITY) (ZIP) HOME/CELL# _____

DATE OF BIRTH (CITY) (BIRTH STATE) EMERGENCY PHONE# _____

LIST SIBLINGS THAT ATTEND ST. LA SALLE

U.S. CITIZEN: YES NO SEX: MALE FEMALE ETHNICITY: _____

RELIGION: _____ LANGUAGES SPOKEN AT HOME _____

FAMILY E-MAIL: _____

SCHOOLS ATTENDED:

NAME OF SCHOOL: _____
(CITY) (STATE)

DATE ENTERED: _____ DATE WITHDRAWN: _____

FAMILY DATA:

FATHER'S NAME: _____

ADDRESS (CITY) (ZIP)

CELL# _____ DATE OF BIRTH _____ BIRTH PLACE _____

WORK# _____ S.S.# _____ DRIVER'S LICENSE NUMBER _____

OCCUPATION _____ RELIGION _____

EMPLOYER _____

MOTHER'S NAME: _____

ADDRESS (CITY) (ZIP)

CELL# _____ DATE OF BIRTH _____ BIRTH PLACE _____

WORK# _____ S.S. # _____ DRIVER'S LICENSE NUMBER _____

OCCUPATION _____ RELIGION _____

EMPLOYER _____

IF CATHOLIC, WHAT PARISH DO YOU ATTEND? _____

REGISTRATION FEE: \$60

(REGISTRATION DEPOSIT IS NON-REFUNDABLE)