



KINDERGARTEN REGISTRATION FORM

Saint Mary School

508 Paw Paw Street
Paw Paw, MI 49079
(269) 657-3750

Today's Date: _____

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Telephone: _____ Place of Birth: _____

Date of Baptism: _____ Church: _____ Place: _____

Present Parish: _____ Pastor: _____

Please circle one of the following: (Racial/ethnic origins for reporting purposes. Please circle one of the state-approved codes below. If multi-racial, indicate primary)

American Indian African American Asian American Hispanic/Latino White/Caucasian Pacific Islander

Father's Name: _____ Religion: _____

Occupation: _____ Business Phone: _____

Country of Birth: _____ Educational Status: _____

Mother's Name (Maiden Name): _____ Religion: _____

Occupation: _____ Business Phone: _____

Country of Birth: _____ Educational Status: _____

<i>Primary Language Spoken at home:</i>	Father:	Mother:	Child:
---	---------	---------	--------

Other Children in Family:	
Name:	Birthdate:

Previous School Attended:		
Preschool:	City/State:	Dates Attended: