AQUIN ELEMENTARY

KINDERGARTEN REGISTRATION DATA

NAME_____ _____ _____
FAMILY FIRST (BAPTISMAL, PLEASE) MIDDLE

DATE OF BIRTH_____ RELIGION_____

PARENT/GUARDIAN_____ _____
(FATHER) (MOTHER-MAIDEN NAME ALSO)

ADDRESS_____ _____ _____ _____
STREET/P.O. BOX CITY STATE ZIP

TOWNSHIP_____SECTION_____ PHONE_____

BAPTISM DATE_____CHURCH WHERE BAPTIZED_____CITY & STATE_____

SCHOOL DISTRICT_____ PRESENT PARISH_____

This information is needed for your child's permanent office folder.

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If birth parents have two separate addresses and communication is to be sent to a place other than the child's primary place of residence, please complete this part.

PARENT: _____

ADDRESS: _____

COMMENTS: _____

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