OUR LADY OF PEACE SCHOOL REGISTRATION FORM 4 YEAR OLD PRE-K PROGRAM 2024/2025 SCHOOL YEAR

		TODAY'S DA	ATE		
STUDENT'S NAM	E				
(Last) ADDRESS		(First)	(Middle)		
(City))	(State)	(Zip)		
HOME PHONE			SCHOOL DISTRICT		
EMAIL ADDRESS	THAT YOU W	OULD LIKE TO RECEIVE	NOTICES AT-		
PLEASE PRINT (CLEARLY)				
CHILD'S DATE O	F BIRTH	PLA	PLACE OF BIRTH		
GENDERMale	eFemale E	THNICITYHispanio	or LatinoNot Hispanic or Latino		
RACEAn		Native AmericanAsian	_Native Hawaiian/Pacific Islander White		
TUDENT RESIDI	ES WITH	Both ParentsMothe	erFatherGuardian		
RELIGION		LANGUAGE SP	OKEN IN HOME		
HOME PARISH					
PARISH ADDRES	S				
	S				
SACRAMENT	DATE	CHURCH NAME	ADDRESS- CITY, STATE,ZIP		
BAPTISM					
AST SCHOOL A	TTENDED	-			
My child	will attend 9:00A	AM – 1:00PM			
	will attend 8:00A will attend 8:00A				
•	will stay for Afte				

DOES VOUR	CHILD RECEIVE	ANY SUPPORT S	ERVICES?	
			EKVICES.	

FAMILY INFORMATION

MOTHER'S NAME(Last, First)	
MOTHER'S MAIDEN NAME	
MOTHER'S RELIGION	PLACE OF BIRTH
MOTHER'S OCCUPATION	
PLACE OF EMPLOYMENT	
MOTHER'S BUSINESS ADDRESS	
WORK PHONE	CELL PHONE
MOTHER'S EMAIL (please print clearly)	
FATHER'S NAME(Last/First)	
FATHER'S RELIGION	PLACE OF BIRTH
FATHER'S OCCUPATION	
PLACE OF EMPLOYMENT	
FATHER'S BUSINESS ADDRESS	
FATHER'S WORK PHONE	CELL PHONE
FATHER'S EMAIL (please print clearly)	
GUARDIAN' NAME (If applicable)	PHONE #
NAME OF SIBLINGS	DATE OF BIRTH
	DATE OF BIRTH
	DATE OF BIRTH
PARENTS SIGNATURE	DATE
Please make \$100 Non-Refundable Registration Fe	
FOR OFFICE USE ONLY	
Birth Certificate Baptismal Certificate	Immunization Record Registration