

# Saint Joan of Arc School

22415 Overlake  
Saint Clair Shores, MI 48080  
(586) 775-8370

## Preschool Registration for 2024 – 2025

Grade Level: (Check one)

Date of Registration: \_\_\_\_\_

☐ 3 year a.m. (Tue.&Thur.)☐ 4 year a.m. (M,W,F)

\_\_\_ Birth Certificate

☐ 3 year/All Day (Tues.&Thur.)☐ 4 year All Day (M,W,F).

\_\_\_ Baptism Certificate

☐ 4 year a.m. (5 days)

\_\_\_ Immunization Cert.

☐ 4 year All Day (5 days)

### Child:

FIRST	MIDDLE	LAST	M / F	BIRTHDATE
ADDRESS			PHONE WITH AREA CODE	
CITY	STATE	ZIP	RELIGION	

Will this child be the oldest in the family attending Saint Joan of Arc School? \_\_\_\_\_ YES / NO \_\_\_\_\_

Parent(s) are SJA Alumni: Yes \_\_\_ or No \_\_\_

Class of: \_\_\_\_\_

Please **CIRCLE** your child's Race and Ethnicity for Reporting Purposes: African American (AA)\_\_\_; American Indian (AI)\_\_\_; Arabic (AR)\_\_\_; Asian (A)\_\_\_; Bi-Racial (B)\_\_\_; Caucasian (C)\_\_\_; Hispanic (H)\_\_\_; Pacific Islander (P)\_\_\_; Other (O)\_\_\_

### Father:

MR / DR	FIRST	INITIAL	LAST	COUNTRY OF BIRTH
OCCUPATION		EMPLOYER	EMPLOYER PHONE	
e-mail address			RELIGION	

### Mother:

MS / MRS / DR	FIRST	INITIAL	LAST	MAIDEN	COUNTRY OF BIRTH
OCCUPATION		EMPLOYER	EMPLOYER PHONE		
e-mail address				RELIGION	

### With whom does the child live?

Please place an x in the appropriate box and provide the necessary information:

☐ Both Parents☐ \*One Parent☐ Mother☐ Father☐ \*Other (Please specify) \_\_\_\_\_

\* With exception of widow or widower: **Proof of physical custody must be provided.**