| • | | | 7:35 AM to 2: 7:35 AM to 1 | | | |
|--|---------------------|------------------|-------------------------------|-----------------------|---|--|
| PreK 3 | Full Day _ | 5 Days | 4 Days | 3 Days | List the days your child will attend for 3 full/half days or 4 full/half days | |
| | Half Day _ | 5 Days | 4 Days | 3 Days | | |
| PreK 4 | Full Day | 5 Days | 4 Days | 3 Days | Must be the same days every week. Days student will attend | |
| | Half Day _ | 5 Days | 4 Days | 3 Days | MTWTHF | |
| Kinder | garten Full D | av | | | | |
| | _ | ST | UDENT INFO | | | |
| | | | CD: 4 | | | |
| MaleFemale Date of Birth | | | | | | |
| | | | | | ode Phone# | |
| | | _ | | | | |
| ReligionCatholicNon-Catholic Was your child Baptized?YesNo | | | | | | |
| | | | NTS/GUARDI. | | | |
| Registered Member of St. Jerome ParishYesNo registered at | | | | | | |
| Father's Name Religion | | | | | | |
| Father's Add | ress (if differe | ent from child) | | | | |
| Father's Cell | Phone # | | | | | |
| Father's Ema | il address | | | | | |
| Mother's Name | | | | Religion | | |
| Mother's Add | dress (If diffe | rent from child | l) | | | |
| Mother's Cel | 1 # | | | | | |
| Mother's Em | ail Address_ | | | | | |
| Who does the | child live wi | ith? | | | | |
| Who has custody?(| | | | | | |
| Name of Legal Guardian | | | | Ph | Phone # | |
| | | | | Language child speaks | | |
| Does your ch | ild have any | special educa | ational needs? | | | |
| | | | | | | |
| | | olings at St. Je | | | | |
| Sacraments | Church /City/ State | | | Month/Date/Year | | |
| Baptism | | | | | | |
| Parent Signa | iture | | | | | |
| Referred by a | current St. Jo | erome Family | | | | |