

**Saint Cornelius Early Learning Center
New Student Registration Form
2022-2023
Individual Student Information**

Please Print

Student Information:

Last Name _____ First _____ Middle _____

Address _____ Gender: _____

City/State _____ Zip _____

Date of Birth _____ Place of Birth _____

City of Birth _____ County of Residence _____

Public School District of Residence:

Please indicate medical information (eye/hearing disorder, asthma, allergies, etc.)

Are you aware of any psychological / educational / emotional concerns that would affect your child's academic success? Yes _____ No _____ **If yes, please provide copy of documentation.**

Has your child been diagnosed with ADD /ADHD? Yes__ No__ If yes, please provide copy of documentation.

School Student currently attends _____

How many years? _____

If Catholic, please complete the portion below: Copies of Certificates must accompany application.

Baptism: _____
(Date) Name of Church City State