

**OUR LADY OF PEACE SCHOOL REGISTRATION FORM  
4 YEAR OLD PRE-K PROGRAM  
2022/2023 SCHOOL YEAR**

TODAY'S DATE \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_  
(Last) (First) (Middle)

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**HOME PHONE** \_\_\_\_\_ **SCHOOL DISTRICT** \_\_\_\_\_

**EMAIL ADDRESS THAT YOU WOULD LIKE TO RECEIVE NOTICES AT-**

**(PLEASE PRINT CLEARLY)** \_\_\_\_\_

**CHILD'S DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**GENDER** \_\_\_\_ Male \_\_\_\_ Female **ETHNICITY** \_\_\_\_ Hispanic or Latino \_\_\_\_ Not Hispanic or Latino

**RACE** \_\_\_\_ American Indian or Native American \_\_\_\_ Native Hawaiian/Pacific Islander  
\_\_\_\_ Black or African American \_\_\_\_ Asian \_\_\_\_ White

**STUDENT RESIDES WITH** \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian

**RELIGION** \_\_\_\_\_ **LANGUAGE SPOKEN IN HOME** \_\_\_\_\_

**HOME PARISH** \_\_\_\_\_

**PARISH ADDRESS** \_\_\_\_\_

SACRAMENT	DATE	CHURCH NAME	ADDRESS- CITY, STATE,ZIP
BAPTISM			

**LAST SCHOOL ATTENDED** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ My child will attend 9:00AM – 1:00PM

\_\_\_\_\_ My child will attend 8:00AM – 1:00PM

\_\_\_\_\_ My child will attend 8:00AM – 2:30PM

DOES YOUR CHILD RECEIVE ANY SUPPORT SERVICES? \_\_\_\_\_

**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** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**NAME OF SIBLINGS** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

\_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

\_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**PARENTS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Birth Certificate</b>	
<b>Baptismal Certificate</b>	
<b>Immunization Record</b>	
<b>Registration Fee</b>	