ST. EDITH CATHOLIC SCHOOL PRESCHOOL 2020/2021 Student Registration St. Edith Catholic School "teaches as Jesus did" with love, care and discipline, centering on the Eucharist and focusing on students: our gifts and our future. Registration Date: _____ ____ Student will be attending Preschool 3 ____ Student will be attending Preschool 4 Student Last Name: ______ Middle: _____ Birthdate: ___/___ City of Birth: _____ Male: () Female: () Ethnic Background: _____African-American _____Arabic _____Asian ____Caucasian _____Hispanic ____Pacific Islander _____Multi-Racial Baptism Information: Church: _____ City: _____ Date: __/__/___ Indicate the Religion of Student: () Roman Catholic () Eastern Catholic (Chaldean, Melkite, Maronite, etc) () Orthodox () Other: _____ Student will be attending Preschool 3 Student will be attending Preschool 4 Student Last Name: ______ Middle: ______ _____ Male: () Female: () Birthdate: ___/___/ City of Birth: _____ Ethnic Background: _____African-American _____Arabic _____Asian ____Caucasian _____Hispanic ____Pacific Islander _____Multi-Racial Baptism Information: Church: ______ City: _____ Date: __/__/___ Indicate the Religion of Student: () Roman Catholic () Eastern Catholic (Chaldean, Melkite, Maronite, etc) () Orthodox () Other: Does the above listed student(s) have a sibling in St. Edith Catholic School? ___ Yes ___ No If yes, please list the siblings names and grade here: Name: Grade: Name: Name: Grade: Name: Grade: Grade: ____ Student's Residence Information Address: _____ City: _____ City: _____ State: ____ Zip: _____ Parent Phone Numbers and Email Information: Mother's Cell Phone: _____- _____ Mother's Email: ______ Father's Cell Phone: ______ Father's Email: ______ Are you parish members of St. Edith Catholic Church: () Yes, - How long? _____ () No, we belong to _____ Parish

ST. EDITH PRESCHOOL—Back Side 2020 / 2021 Student Registration St. Edith Catholic School "teaches as Journal did" with the

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Registration Date:	
Family Last Name:	
Child Name: Grade:	Child Name: Grade:
Mother's Information	Father's Information
Name:	Name:
Maiden Name: Country or State of Birth:	Country or State of Birth: Religion:
Religion:	
Marital Status:	Marital Status:
Legal Guardian of Student: (If other than Parents) With Whom Does Student Reside?	Legal Guardian of Student: (If other than Parents) With Whom Does Student Reside?
(If other than both parents)	(If other than both parents)
Occupation:	Occupation:
Educational Status:	Educational Status:
Ethnic Background: African-American Arabic Asian CaucasianHispanicPacific IslandMulti-Racial Main Language Spoken in home:	Ethnic Background:African-AmericanArabicAsian CaucasianHispanicPacific IslandMulti-Racial Main Language Spoken in home:
Second Language Spoken in home:	Second Language Spoken in home:

The following people have permission to pick up our child(ren) from school in case

of sickness or an emergency

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

All Preschool and Prekindergarten students must turn in the following information to the school office at the time of registration:

Birth Certificate, Green Health Form, Immunization Form, Baptismal Certificate (if applicable) and State of Michigan Child Information Record.

Please sign the area below.	
I support the philosophy and goals of St. Edith Catholic School.	
I understand the cost to educate one child exceeds the tuition rate:	
All preschool families, though not required to sell raffle tickets, are en fundraising opportunities when they arise.	couraged to support St. Edith Catholic School
I agree to volunteer my services to St. Edith Catholic School and St. Ed	lith Catholic Church for the benefit of all.
Signature of Parent or Guardian:	Date: / / 20_
Signature of Parent or Guardian:	Date: / / 20