REGISTRATION FORM (Please complete one form for each child)

Please CIRCLE Grade Student is Entering in the Fall: Pre-K Full Day Pre-K Half Day K

Grades 1 2 3 4 5 6 7 8

Student's Name LAST FIRST MIDDLE Age Date of Birth

Student Address Street City/State Zip Phone Family Email Address

Social Security Number Birthplace Religion Nationality Sex (male/female)

Marital Status: ☐ **Together** ☐ **Separated** ☐ **Single Parent** ☐ **Divorced** ☐ **Legal Guardian**
Child lives with: ☐ **Both Parents** ☐ **Mother Only** ☐ **Father Only** ☐ **Other:**_____

Father/Guardian's Name Birthplace Religion

No. Street Address City State Zip

Telephone Cell Number Work Number Email

Occupation Employer Address City State Zip

Mother/Guardian' Name Maiden Birthplace Religion

No. Street Address City State Zip

Telephone Cell Number Work Number Email

Occupation Employer Address City State Zip

Parish Child is Registered City Baptism Parish Date First Communion Parish Date

Name of Last School Attended: Grade:

Address: Phone Number:

list Siblings: Name Age DOB Name Age DOB

1			3		
2			4		
3			6		

Pre-K and Kindergarten Parents Only – Please check one: ☐ **I /we plan on sending our child to PMA for First Grade.**
***This information will help us plan for First Grade placement*)** ☐ **I/we will not send our child to PMA for First Grade.**
☐ **I/we are not sure at this time if our child will be attending PMA for First Grade.**

For Office Use Only **REGISTRATION FEE**___
Amount Received:_____ Date _____Check No. _____ Cash _____ Received By_____

Birth Certificate Verified_____ Baptismal Certificate Verified_____

Please return form and fee by due date. Registrations fee are NON-REFUNDABLE.