HOLY FAMILY PARISH SCHOOL KINDERGARTEN REGISTRATION FORM

Please print all information. School Year _____

_____ K4 AM (half day) _____K4 AD (full day) _____ K5 AM (half day) _____ K5 AD (full day)

_____ _____ _____ _____ _____
Father's Last Name | First Name | Initial | Religion | Occupation

_____ _____ _____ _____ _____
Father's Address | City | State | Zip Code | Area Code - Home Phone Number

_____ _____ _____ _____ _____
Mother's Last Name | First Name | Initial | Maiden Name | Religion | Occupation

_____ _____ _____ _____ _____
Mother's Address | City | State | Zip Code | Area Code - Home Phone Number

Child lives with _____ Father & Mother _____ Father _____ Mother _____ Legal Guardian-Name(s) _____

If parents are divorced, who has legal custody? _____ Father _____ Mother _____ Joint Custody

E-mail address: _____ (for school office use only)
** Is either parent an employee of an Archdiocesan Catholic School? _____Yes If yes, as an employee of a Milwaukee Archdiocesan Catholic School, your family is eligible for a tuition discount. Please contact the School Office for an application.

_____ I am/We are registered members of Holy Family Parish. We have signed and returned an Annual Registration & Stewardship Form.
_____ I am not/We are not registered members of Holy Family Parish. _____ I am/We are interested in becoming member(s) of Holy Family Parish. **Please call 332-9220 to join the Parish.**

_____ _____ _____ _____ _____
Student's Last Name | First Name | Initial | Male/Female | Grade Next Year

Ethnic Data: ___White ____Black _____Hispanic ___Native Hawaii/Pac. Islander ____Amer. Indian/Alaskan ____ Multi Racial_____ Asian

_____ _____ _____ ___ _____
Student's Present School (if applicable) | School Address | City | State | Zip Code

_____ _____ _____ _____
Date of Birth | City of Birth | State | Zip Code

_____ _____ _____ ___ _____
Date of Baptism | Baptismal Church | City | State | Zip Code

_____ _____ _____ _____ _____
Student's Last Name | First Name | Initial | Male/Female | Grade Next Year

Ethnic Data: ___White ____Black _____Hispanic ___Native Hawaii/Pac. Islander ____Amer. Indian/Alaskan ____ Multi Racial_____ Asian

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Date of Birth | City of Birth | State | Zip Code

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Date of Baptism | Baptismal Church | City | State | Zip Code

A non-refundable $100.00 registration fee for each child MUST accompany this completed form. Fee applicable to tuition.

_____ _____
Signature of Parent/Legal Guardian **Date**

OFFICE
USE ONLY: _____ _____ _____ _____ _____
Date Received | Cash or Check Number | Date of Check | Amount Received | Initials