

St. Clare of Montefalco Catholic School Pre-Kindergarten Registration Form



Family's Last Name: _____ Day Contact Phone #: _____
(custodial parent's last name if applicable)

Student is applying for: Pre-K Full Day (M-F) Pre-K Half Day (M-F)

Student Information *(Please Print Clearly)*

Last Name _____ First Name _____ Middle Initial _____

Full Address _____ Telephone _____

Date of Birth _____ Medical Conditions (i.e., epi-pen, inhaler, diabetes etc.) _____

Parent Information

Mother's Name _____

Address (if different than student) _____

Primary Contact Number _____ Type of Phone (circle) Home Cell Work

Alternate Phone Number _____ Type of Phone (circle) Home Cell Work

Primary Email _____ Alternate Email _____

Marital Status: Married ___ Single ___ Deceased ___ Divorced ___ Separated ___ Remarried ___

Employer _____

Father's Name _____

Address (if different than student) _____

Primary Contact Number _____ Type of Phone (circle) Home Cell Work

Alternate Phone Number _____ Type of Phone (circle) Home Cell Work

Primary Email _____ Alternate Email _____

Marital Status: Married ___ Single ___ Deceased ___ Divorced ___ Separated ___ Remarried ___

Employer _____