

**ST. STEPHEN SCHOOL REGISTRATION  
2010 – 2011**

**PRE-KINDERGARTEN** Program Option Number: \_\_\_\_\_

Household Name: \_\_\_\_\_ Household Language: \_\_\_\_\_

Household Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
*Area Code*

**Father's Name:** \_\_\_\_\_  
*Last First Full Middle Suffix*

Father's e-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Title or Position: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
*Last First Full Middle Maiden*

Mother's e-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Title or Position: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Guardian e-mail: \_\_\_\_\_  
*(If applicable)*

Guardian Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Student Legal Name:** \_\_\_\_\_  
*Last First Middle Suffix*

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Date Entered United States \_\_\_\_\_  
*City State Country (If outside the United States)*

Parish Affiliation: \_\_\_\_\_ Religion: \_\_\_\_\_

Present School \_\_\_\_\_ Nickname: \_\_\_\_\_

**CONTINUED ON BACK → → → → → → → →**

Check where appropriate:  **Parents together**       **Parents Divorced**       **Parents Separated**  
 \* If parents are divorced, a copy of the custody agreement must be provided to the school

Student resides with:     Both Parents                       Mother                       Father                       Guardian

Student Ethnicity:     Caucasian     Black     Hispanic     Asian     Alaskan     Multiracial     American Indian

Siblings (Names & Ages): \_\_\_\_\_

Paternal Grandparents: \_\_\_\_\_

Address: \_\_\_\_\_

Maternal Grandparents: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contacts besides parent(s), grandparent(s), guardian(s):**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SACRAMENT	DATE	CHURCH	CITY/TOWN
Baptism			
First Penance			
First Eucharist			

**OFFICE USE ONLY**

Registration Fee: Date \_\_\_\_\_ \$ \_\_\_\_\_ Check / Cash \_\_\_\_\_

Birth Certificate     Baptismal     Bus Form     Health History

Textbook Request     \*Physical Exam Form     \*\*Immunization

\* New York State Law requires that new students, children in Pre-K, Kindergarten, Grades 2, 4, and 7 have a physical.

\*\* If immunizations are not received within two weeks after school has started, you will be called to pick up your child from school. If you have moved here from out of state, you will have 30 days to have the immunizations sent to school.