



PRESCHOOL\_\_\_\_\_

Kindergarten - 8<sup>th</sup> Gr\_\_\_\_\_

## St. Anne School

### Registration

**PLEASE...Fill Out and complete ALL QUESTIONS on this form to ensure registration!**

*(Please Print)*

Referred by\_\_\_\_\_

Registration Date\_\_\_\_\_

Student Name:\_\_\_\_\_ M \_\_\_\_\_ F

Last Name

First Name

Middle Name

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

Street

City

Zip Code

\*Entering Gr:\_\_\_\_\_ or Preschool: Three Yr. Old \_\_\_\_\_ Four Yr. Half-Day\_\_\_\_\_ Four Yr. FULL DAY\_\_\_\_\_

Date of Birth:\_\_\_\_\_ City and State of Birth\_\_\_\_\_

Child's Ethnicity: Asian \_\_\_\_\_ Am. Indian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Pacific \_\_\_\_\_ Caucasian \_\_\_\_\_

Other\_\_\_\_\_

Preschool Attended or Previous School:\_\_\_\_\_

Permission to speak to Preschool or Previous School: \_\_\_\_\_Yes \_\_\_\_\_No

Public School District child primarily resides in\_\_\_\_\_

Public School child would attend if placed in public School\_\_\_\_\_

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(Check one) Kindergarten: \_\_\_\_\_Full Day

Required Documents for Kindergarten only: \_\_\_\_\_Birth Certificate \_\_\_\_\_Up-to-Date Immunization Record \_\_\_\_\_

If Applicable: \_\_\_\_\_Custody Order \_\_\_\_\_Baptismal Certificate \_\_\_\_\_PFA

Child's Primary Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Primary Guardian 1

Primary Guardian 2

Name	_____	_____
Tel. Home	_____	_____
Cell	_____	_____
Email	_____	_____
Employer	_____	Employer _____

**\*\*Address (if different from student) Street** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Step Parent/Guardian \_\_\_\_\_

Parent Religion \_\_\_\_\_

Parish:

Member St. Anne Parish ☐ Y ☐ N If No, Name of Parish \_\_\_\_\_

Student Sacramental Record: Baptism\_\_\_ Penance\_\_\_ Eucharist\_\_\_ Confirmation\_\_\_

Probational Enrollment Date: \_\_\_\_\_

**\*\*ALL FAMILIES MUST Be Registered on the FACTS Online Tuition Payment Program\*\***

**\*\*FACTS Expected Tuition Plan:** One Payment \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Four payment \_\_\_\_\_

Siblings who attend Other Schools\*\*\* (REQUIRED INFORMATION for Federal/Local Reporting and /or EPSF Scholarship)

Name \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_

**\*\*By registering my child/and I. agree to abide by all the rules/regulations contained in the current School Handbook. A copy of the handbook is available on the St. Anne School Website. [www.stannebethlehem.org](http://www.stannebethlehem.org)**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\$100 - Single Student Non-Refundable Registration Fee (K-8<sup>th</sup> Gr)**

**\$100- Per Student (Preschool) Due at time of Registration**

**\$200 - 2 or More Children Non-Refundable Registration Fee (K-8<sup>th</sup> Gr)**

.....**School Use Only**.....

Birth certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Confirmation Certificate \_\_\_\_\_ Custody Order \_\_\_\_\_

PA Act 372 Transportation Req. \_\_\_\_\_ Proof of Immunization \_\_\_\_\_ Tuition Plan \_\_\_\_\_ FACTS Tuition \_\_\_\_\_ Facts Grant \_\_\_\_\_

Student Name \_\_\_\_\_

**Student's Medical History. Please fill out all information.**

**ADD/ADHD**                      ☐ Yes ☐ No                      Further Explanation if required

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**Asthma/Allergies**                      ☐ Yes ☐ No

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**Diabetes**                      ☐ Yes ☐ No

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**Glasses/Contacts**                      ☐ Yes ☐ No                      For distance, near or constant wear

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**Hearing Difficulties**                      ☐ Yes ☐ No

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**Seizure Disorders**                      ☐ Yes ☐ No

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**History of Major Illnesses or surgeries**                      List: \_\_\_\_\_

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**Chronic, recurrent or physical limitations** \_\_\_\_\_

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**Has your child received any type of special therapy/counseling or Preschool Early Intervention Services? If yes, what services have been provided?** \_\_\_\_\_

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**Does your child have and IEP?**                      ☐ Yes                      ☐ NO

**Additional information** \_\_\_\_\_