|  |
| --- |
| **OFFICE USE: Deposit Paid Cash Ck # \_\_\_\_\_\_\_\_\_ Birth Cert: YES NO Sibling/Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



**STUDENT REGISTRATION/PARENT INFORMATION FORM**

# Please make your $100.00\* registration check payable to:

# **Providence Catholic Children’s Academy**

\* The $100.00 registration fee is a ***non-refundable*** and ***non-transferable*** payment that will be applied towards next year’s tuition. This fee secures your child’s placement in the registered class. If for any reason your child does not return to PCCA, this payment will be considered a donation to Providence Catholic Children’s Academy.

**Please Print**

Child’s Name:

*LAST FIRST MIDDLE*

**What name should your child be called/what name should be printed in school?**

 Female Male Child’s Date of Birth: Birthplace:

Home Address: City:

State: Zip Code: Home Phone:

What school district does your family reside: Religion:

Primary e-mail address (communication from school to home):

**Please register my child for *(check box)*:**

***Kindergarten = Age 5 by Sept. 1 ● Prekindergarten = Age 4 by Sept. 1 ● Preschool = Age 3 by Sept. 1***

|  |  |  |
| --- | --- | --- |
| **FULL DAY OPTIONS** |  | **HALF DAY OPTIONS** |
| **KINDERGARTEN:** 5 DAYS (M - F 8:30-2:20)  |  | **PREKINDERGARTEN AM:** 5 DAYS (M - F 8:30-11:00)  |
| **PREKINDERGARTEN:** 5 DAYS (M - F 8:30-2:20)  |  |  4 DAYS (T - F 8:30-11:00)  |
|  4 DAYS (T - F 8:30-2:20) |  | **PRESCHOOL AM:** 3 DAYS (M - T - TH 8:30-11:00)  |
| **PRESCHOOL:** 5 DAYS (M - F 8:30-2:20)  |  |  3 DAYS (M - W - F 8:30-11:00)  |
|  3 DAYS (M - T - TH 8:30-2:20)  |  |  2 DAYS (T & TH 8:30-11:00)  |
|  3 DAYS (M - W - F 8:30-2:20) |  |  2 DAYS (W & F 8:30-11:00)  |
|  2 DAYS (T & TH 8:30-2:20)  |  |  |
|  2 DAYS (W & F 8:30-2:20)  |  |  |

Parent/Guardian Signature: Date:

|  |  |
| --- | --- |
|  **Mother Stepmother Guardian *(please check relation to child)***:Name: *LAST FIRST MIDDLE*Home Address: City: State: Zip Code: Date of Birth: Birthplace: Religion: Parish/Church: E-mail address: Phone (Home): (Work): (Mobile): Employer: Occupation: Highest Degree Received (ie. HS Diploma, BA, MA, MD): **Are you an alumna of Providence Catholic High School?**  YES NO CLASS YEAR  MAIDEN NAME  |  |
|  |  |
|  **Father Stepfather Guardian *(please check relation to child)***:Name: *LAST FIRST MIDDLE*Home Address: City: State: Zip Code: Date of Birth: Birthplace: Religion: Parish/Church: E-mail address: Phone (Home): (Work): (Mobile): Employer: Occupation: Highest Degree Received (ie. HS Diploma, BA, MA, MD): **Are you an alumnus of Providence Catholic High School?**  YES NO CLASS YEAR  |  |

**Student Race /Ethnic Designation*(check box)*:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | American Indian/Native Alaskan |  | Latino |  | Multi-Racial |
|  | Asian  |  | Native Hawaiian/Pacific Islander |  |  |
|  | Black |  | White |  |  |

**Residential Status *(please check below)*:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Living with both parents |  | Father / Mother deceased; living with  |
|  | Parents separated; living with  |  | Other (please explain)  |
|  | Parents divorced; living with  |  |   |