

Shepherd of the Hills Catholic School
4 Year Old Kindergarten Program Registration Form

STUDENT INFORMATION

Name of Student _____
LAST FIRST MIDDLE NICKNAME IF APPLICABLE

Date of Birth: _____ Gender: Male _____ Female _____
00/00/0000

Place of Birth: _____
HOSPITAL CITY/STATE

Baptism: _____
PARISH CITY/STATE DATE

Hand Dominance: Left _____ Right _____ Does not demonstrate hand dominance _____

Did the student attend a 3 year old program? Yes _____ No _____

If yes, where? _____
PROGRAM/SCHOOL CITY/STATE

Is primary residence of the student with both parents? Yes _____ No _____

If the primary residence of the student is not with both parents, please fill out a Confidential Family/Student Information Form.

PARENT INFORMATION

Father/Guardian Information

Mother/Guardian Information

Name _____
LAST FIRST

Name _____
LAST FIRST MAIDEN

Address _____

Address _____

City, Zip _____

City, Zip _____

Home Phone () _____

Home Phone () _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Phone () _____

Work Phone () _____

Cell Phone () _____

Cell Phone () _____

Email _____

Email _____

Religion _____

Religion _____

Parish of Membership _____

Parish of Membership _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

Relationship to Child _____ Phone _____

Alt. Emergency Contact Name _____

Relationship to Child _____ Phone _____

MEDICAL INFORMATION

List Any Allergies: _____

Medication Taken: _____ Dosage: _____ Reason: _____

Medication Taken: _____ Dosage: _____ Reason: _____

Restrictions: _____

A Medication Consent Form must be filled out for any medications administered at school.

Please list any concerns (if any) that you may have about your child:

Shepherd of the Hills Catholic School respects the dignity of the child and his or her right to education. Shepherd of the Hills Catholic School admits students of any race, color, religion, and national ethnic origin. Membership of Shepherd of the Hills Catholic Parish is not required for attendance in a school program.

Signature _____

Date _____