

**Saint Adalbert Catholic Academy Nursery & PreK**  
**New Registration Form**  
\_\_\_\_\_ **School Year**

**Student Information (PLEASE PRINT)**

Grade Entering: Nursery \_\_\_\_\_ Pre-School \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Birth Certificate Verification No. \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity White \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_

Black \_\_\_\_\_ American Indian \_\_\_\_\_ Pacific Islander \_\_\_\_\_

Student lives with Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Child's Religion Catholic \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Baptism Church \_\_\_\_\_ Date \_\_\_\_\_

Baptismal Certificate Attached \_\_\_\_\_

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**For Nursery Only**

5 Days Mornings Only \_\_\_\_\_ 5 Full Days \_\_\_\_\_

**For Pre-School Only**

Attended Nursery School Yes \_\_\_\_\_ No \_\_\_\_\_

School Attended \_\_\_\_\_

Number of Days Attended \_\_\_\_\_ Full Days \_\_\_\_\_ Half Days \_\_\_\_\_

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**Office Use**

**Nursery**      **Registration Fee \$175.00** Check \_\_\_\_\_ Cash \_\_\_\_\_

**Pre-K**      **No Registration Fee Required**

**Father's** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Living \_\_\_\_\_ Deceased \_\_\_\_\_ Religion \_\_\_\_\_ Birthplace \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Mother's** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Living \_\_\_\_\_ Deceased \_\_\_\_\_ Religion \_\_\_\_\_ Birthplace \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Guardian's** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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**Correspondence should be student's home address (If child lives with both parents check Mr.& Mrs.)**

Mr. & Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

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**Please check the following:**

1. \_\_\_\_\_ We are registered contributing parishioners of (name of parish): \_\_\_\_\_

\_\_\_\_\_ We are not registered parishioners in any parish.

2. I was referred to Saint Adalbert Catholic Academy by \_\_\_\_\_

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**Medical and Developmental History**

List any problems your child may have in relation to health (e.g., allergies, asthma, epilepsy, diabetes, sight, hearing, speech)

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been referred to any of the following? Speech and Language, Eye/Ear Specialist, Psychological Services, Occupational Therapist? Does or did your child have an IEP or 504 Plan Accommodations? Please give details:

\_\_\_\_\_  
\_\_\_\_\_