

St. Theresa Parish

300 Leonard Street, Hellertown, PA 18055

(610) 838-8161 – Fax (610)838-1915

Pre-K PROGRAM REGISTRATION FORM

Child must be 3 or 4 years old by October 15th of the year you are applying for.

_____ 3 Yr. Old ½ day program _____ 3 Yr. Old all day program – 5 day programs only

_____ 4 Yr. Old ½ day program _____ 4 Yr. Old all day program – 5 day programs only

Family E-Mail Address: _____

Child's Last Name: _____ First Name: _____ M.I.: _____

Present Address: _____ City: _____ State: _____ Zip: _____

County: _____ Township: _____ Public School District: _____

Home Telephone: _____ Place of Birth: City: _____ State: _____

Sex: M F Date of Birth: MM/DD/YY _____ Child's Religion: _____

Father's Full Name: _____

Address: _____

Place of Birth: _____ Religion: _____ Check if deceased:

Mother's Full Name: _____ Maiden Name: _____

Address: _____

Place of Birth: _____ Religion: _____ Check if deceased:

Step-Parent or Legal Guardian: _____

Address: _____

Religion: _____

Are the child's parents separated or divorced? YES NO

If the parents are divorced, who has court ordered custody of the child?

Please check appropriate box Joint Sole

Are there any restrictions on your custody order? YES NO

If Yes, please attach a copy of the court order to this registration paperwork.

Office Use Only: Registration Fee \$50.00 Check# _____ Cash _____ Date Registered _____

Birth Certificate Baptismal Certificate court order (if applicable)

Tuition Choice: In Full 10 monthly payments

(PLEASE CONTINUE ON THE BACK)

Are you registered in St. Theresa Parish? YES NO

If no, what parish do you belong to: _____ Phone Number: _____

Child's Baptism: Church: _____ Address: _____

Date (MM/DD/YY): _____

Did your child attend preschool? YES NO

If yes, what preschool did he/she attend: _____

Address: _____

Is your child transferring to St. Theresa School from another School? YES NO

If yes, last school child attended _____

Address: _____

Reason you decided to leave that school: _____

Reason you are entering St. Theresa School: _____

Notes: _____

Explain any academic concerns you may have about your child: _____

Is your child potty trained? YES NO (ALL children must be potty trained in order to attend Pre-K)

Does your child have any allergies? (if so please list) _____

Does your child take any medications? (if so please list) _____

Does your child have an IEP on file? (possible/diagnosed learning disability, academic/social modifications, etc.) _____

Please supply any additional information we should know about your child: _____

My signature below indicates that I have filled out the above information honestly and to the best of my ability.

******All registrations are probationary becoming final after 90 days, and after records (if available) are verified.***

Signature _____ Date _____