

**PRE K NEW FAMILY REGISTRATION**  
**2018-2019**

<b>OFFICE USE ONLY</b>	
Received Date	_____
Check #	_____
Check Amount	_____
Voucher	<input type="checkbox"/> Yes <input type="checkbox"/> No

A non-refundable Tuition Deposit of \$100.00 per child (\$200.00 per family) is due at the time of registration. I/We hereby promise that I/we will pay the tuition established by the School Board for the education of my/our child(ren) in a timely manner. Students in the Mukwonago or Kettle Moraine Community Partnership Program (who are mornings only) do not need to pay the tuition deposit. If you will be staying full day with the partnership, we do require a deposit for your child.

STUDENT NAME	
LAST	FIRST MIDDLE NAME
Name child goes by / Nickname:	Check One: <input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC
<b>GRADE FOR 2018-2019 SCHOOL YEAR</b>	
<input type="checkbox"/> K3 AM <input type="checkbox"/> K3 Tuesday and Thursday AM <input type="checkbox"/> K3 Monday, Wednesday and Friday AM <input type="checkbox"/> K3 PM <input type="checkbox"/> K3 Tuesday and Thursday PM <input type="checkbox"/> K3 Monday, Wednesday and Friday PM <input type="checkbox"/> K4 AM <input type="checkbox"/> K4 Full Day <input type="checkbox"/> Kettle Moraine Community Partner for K4 <input type="checkbox"/> Mukwonago Community Partner for K4	
BIRTHDATE _____/_____/_____	Check One: (optional)
AGE AS OF Sept 1 <sup>st</sup> _____	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____
BIRTHPLACE _____	

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SIBLINGS		
Name:	Birth date:	School Attending:

## FAMILY INFORMATION

<b>FATHER/Step/Guardian Name:</b>	
Street Address:	
City, State, Zip:	
Home Telephone Number:	
Employer:	
Emergency Work Number:	
Cell Phone or Beeper:	
Shift/Working Hours:	
Check One:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC

<b>MOTHER/Step/Guardian Name:</b>	
Mother's Maiden Name:	
Street Address: <small>(if different)</small>	
City, State, Zip:	
Home Telephone Number:	
Cell Phone or Beeper:	
Employer:	
Emergency Work Number:	
Shift/Working Hours:	
Check One:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC

Family email address: \_\_\_\_\_

**We are committed to a Catholic Education and plan to have our child/ren graduate from St. Paul School, providing educational needs are met.**

Yes       No

Student(s) lives with:

Both Parents       Father/Step/Guardian       Mother/Step/Guardian

School Last Attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parents, please contact your child's most recently attended school to request transferring student records to St. Paul School.**

We are in the \_\_\_\_\_ School District.

We are registered members of St. Paul's Parish:

Yes    No    Planning to join please contact me for more information:

\_\_\_\_\_ (Name and Number)

We are members of \_\_\_\_\_ Parish.

Has your child received: (include date/where)	Child 1	Child 2	Child 3
Baptism			
1 <sup>st</sup> Communion (Eucharist)			
Reconciliation			
Confirmation			

FOR OFFICE USE ONLY	
Date Received:	
Amount Paid/Check #:	
Baptismal Certificates on File:	