For Office Use Only:

Date: Registration Fee: Check / Cash: Tuition:



St. Mary School, Bethel, CT **New Student Registration 2017-18**

Thank you for choosing Catholic Education - an investment that will last a lifetime!

PROGRAM

4 days (M,T,Th,F) PK-3 Half Day (9am - 12pm) PK4 Full Day (9am - 2pm) 4 days (M,T,Th,F) PK3 Full Day (9am - 2pm) 4 days (M,T,Th,F) Full Day (9am - 2pm) 5 days (M - F) PK4 PK3 Full Day (9am - 2pm) 5 days (M - F) Grade: K 1 2 3 4 5 6 7 8

STUDENT INFORMATION

Student Name	:				Age:	
	(LAST)	(FIRST)		(MIDDLE)		
Auuress	(STREET)		(CITY)		(STATE)	(ZIP)
				Gender	: M 🗌 F 🗀	
Religion: Ca	atholic Other		Place of Wors	hip:		
Ethnicity:		·	Race:			
Has your child i				□Yes □No	Communion:	Yes □No
	(DATE)	(CHURCH)		(CITY)		(STATE)
Reconciliation:						
Communion:	(DATE)	(CHURCH)		(CITY)		(STATE)
	(DATE)	(CHURCH)		(CITY)		(STATE)
SCHOOLS PF	REVIOUSLY ATTEN	DED				
(SCHOOL)	(1	CITY)	(STATE)	(GRADE/S)	(REASON FOR LEAVING)	
(SCHOOL)		CITY)	(STATE)	(GRADE/S)	(REASON FOR LEAVING)	

FAMILY

Father/Guardian:		Mother/Gua	raian:	
Name:		Name:		
A al alua a a .	ST)	Address:	(FIRST)	(LAST)
(STREET) (CI	TY)		(STREET)	(CITY)
Phone:(HOME) (MC	DBILE)	Phone:	(HOME)	(MOBILE)
Email:				
Relationship to Student:		Relationship to	o Student:	
Employer:		Employer:		
Occupation:		Occupation: _		
Religion: Catholic Other		Religion: C	atholic Oth	ner
Marital Status:		Marital Status	:	
If divorced/separated, is there joint cus	stody? ☐ Yes ☐No If No, are	visitation rights	permitted to n	on-custodial parent? ☐Yes ☐No
Student lives with: (select all that apply	•	-	-	· — —
SIBLINGS If additional space is need	lad nlaasa list on hack			
SIBLINGS If additional space is need	ied, piease list on dack			
(NAME)	(DATE OF BIRTH)		(AGE)	(SCHOOL)
(NAME)	(DATE OF BIRTH)		(AGE)	(SCHOOL)
(NAME)	(DATE OF BIRTH)		(AGE)	(SCHOOL)
GRANDPARENTS If additional space	e is needed, please list on back	1		
(MATERNAL GRANDPARENTS)		(ADDRESS)		(EMAIL)
(PATERNAL GRANDPARENTS)		(ADDRESS)		(EMAIL)
	When you enroll your chi	ild, we enroll you	r family	
MEDICAL Does the student have allergies, sever	re health issues and/or is taking	medications?	Yes □No If y	ves, please explain

OTHER INFORMATION Have you ever been invited to attend a PPT meeting for your child? Yes No If yes, please attach all relevant information Do you have any concerns regarding your child's academic, social or emotional skills?						
Home Language Survey:						
When your child began to speak, wh	at language did he/she speak?					
What language do the parents/guard	lians speak to each other?					
What language is spoken most ofter	at home?					
How did you hear about St. Mary Sc	hool?					
Why are you changing schools? (ap	olicants for Grades 1 - 8 only)					
BEFORE CARE (Pre-K only) Yes No Maybe	AFTER CARE (P Yes No M	re-K to 8th Gr) Naybe				
EMERGENCY CONTACTS (Non-	Parent or Non-Guardian)					
(NAME)	(DAYTIME PHONE)	(RELATIONSHIP)				
(NAME)	(DAYTIME PHONE)	(RELATIONSHIP)				
MEDIA RELEASE I grant permission to use my child's i (select one) ☐ Yes ☐ No	mage and/or name in print, electronic, or digite	al format for school publication, publicity, and	website.			
, ,	payable by check to <i>St. Mary School</i> uition payment plan is selected on FACTS	(www.factsmgt.com/signin/3d3h2)				
	nformation is accurate and that my child and I a		of the			
Parent / Guardian	Date					
Parent / Guardian	Date					