

# Saint Alphonsus School

**NEW FAMILY -  
KINDERGARTEN**

## ***NEW FAMILY* Kindergarten 2011-2012 Registration Form**

**Please complete and return this form with Registration Fee and Yard Duty Fee.**

**The first 26 registrations are guaranteed a spot in one of the two Kindergarten homerooms. The 27<sup>th</sup> to 39<sup>th</sup> child will be accepted conditionally – the condition being a registration count that reaches 39. This positions us to have a properly sized First Grade for the 2012-1013 school year.**

Family Last Name

Home Phone Number

Street Address

City

Zip

Child(ren) enrolling in Kindergarten for 2011-2012:

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

Office Use:

Check # \_\_\_\_\_

Amount \_\_\_\_\_

Date Recv'd \_\_\_\_\_

Number of Children \_\_\_\_\_ @ **\$275.00 each** = \_\_\_\_\_

Yard Duty Fee **\$50.00 per family** \_\_\_\_\_ + **50.00**

**TOTAL DUE** \$ \_\_\_\_\_

Parish Membership Status: (Please Check One)

\_\_\_\_\_ Sustaining Member of Parish (families that meet the Sunday offering requirement)

\_\_\_\_\_ Non-Parishioner and/or Non-Sustaining Member

Tuition Payment Options for 2011-2012 School Year: (Check One)

\_\_\_\_\_ Option One (Full Payment before July 1, 2011)

\_\_\_\_\_ Option Two (Two Payments through FACTS program)

\_\_\_\_\_ Option Three (Ten Monthly Payments through FACTS program)

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Kindergarten (2011-2012) Application Form

Circle:  
Male or Female

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month - Day - Year City - State - Country

Home Phone # \_\_\_\_\_ Public School District of Residence \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Place of Birth \_\_\_\_\_  
First Middle Last

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Address (if different from child)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Father's Home Phone # \_\_\_\_\_

Father's Work Phone # \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Place of Birth \_\_\_\_\_  
First Middle Maiden Last

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Address (if different from child)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mother's Home Phone # \_\_\_\_\_

Mother's Work Phone # \_\_\_\_\_ Mother's Cell Phone # \_\_\_\_\_

### Family Status:

Number of older children \_\_\_\_\_ and/or younger children \_\_\_\_\_ in family.

### Home Situation:

\_\_\_\_\_ Two Biological Parents                      \_\_\_\_\_ One Parent  
\_\_\_\_\_ Mother/Stepfather                              \_\_\_\_\_ Parents Separated or Divorced  
\_\_\_\_\_ Father/Stepmother                                \_\_\_\_\_ Other: Specify \_\_\_\_\_

If the child does not live with father or mother, please provide Guardian's information:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Religion \_\_\_\_\_ Country of Birth \_\_\_\_\_

**St. Alphonsus Parish Membership Status:** (please check one)

\_\_\_\_\_ Sustaining Member of Parish (families that meet the Sunday offering requirement)

\_\_\_\_\_ Non-Parishioner and Non-Sustaining Members (please complete below):

Parish Where Registered \_\_\_\_\_

Non-Catholic \_\_\_\_\_

Date Applicant's Parents met with Msgr. Owens: \_\_\_\_\_

Signature/Comments of Msgr. Owens: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Baptism**

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

Church Address \_\_\_\_\_  
Street City State Zip

**Copy of Baptismal Certificate** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Copy of Birth Certificate** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Copy of Immunization Records** \_\_\_\_\_ YES \_\_\_\_\_ NO