



HOLY ANGELS CATHOLIC ELEMENTARY SCHOOL

230 North 8th Avenue • West Bend, WI 53095
(262) 338-1148 www.has.pvt.k12.wi.us

Office use only:

Date Received: _____

REGISTRATION FORM: K3 PROGRAM

GENERAL INFORMATION:

Student's Name: _____
Last First Middle

Date of Birth: _____ M/ ____ F

Address: _____
Number/P.O. Box/Street

City/State/Zip Code

Place of Birth: _____
(City/State)

Telephone Number: _____

Email: _____

Student's Religion: _____

Ethnic Background:

____ American Indian/Native Alaskan ____ White
____ Black ____ Hispanic ____ Multi-racial
____ Asian ____ Native Hawaiian/Pacific Islander

Parish Membership: _____

FAMILY INFORMATION:

Father's Name: _____
Last First Middle

Occupation: _____

Father's Date of Birth: _____

Place of Birth: _____

Father's Religion: _____

Education Level: _____

Father's Employer: _____

Telephone Number (daytime): _____

Mother's Name: _____
Last First Middle (Maiden)

Occupation: _____

Mother's Date of Birth: _____

Place of Birth: _____

Mother's Religion: _____

Education Level: _____

Mother's Employer: _____

Telephone Number (daytime): _____

If there is a divorce or legal separation, which parent has legal custody of the child? ____ Father ____ Mother ____ Joint Custody

If neither parent has custody, who does have custody? _____

If either parent is restricted from having contact with child, please explain: _____

If this is a "blended family" which includes persons other than the child's natural parents, please briefly describe: _____

If the student has received medical or psychological attention (other than routine examinations), please explain: _____

The child's siblings are:

<u>Name</u>	<u>Birthdate</u>	<u>Is the sibling presently living at home?</u>
_____	_____	___ Yes / ___ No
_____	_____	___ Yes / ___ No
_____	_____	___ Yes / ___ No

SESSION SELECTION: Please mark your 1st, 2nd, and 3rd choice

_____ 3-day (MWF) Half-Day Program (7:45-11:15am)

_____ 3-day Full-Day Program (7:45-2:50pm)

_____ 5-day (M-F) Half-Day Program (7:45-11:15am)

_____ 5-day Full-Day Program (7:45-2:50pm)

_____ I am interested in the extended care program (full day only).

(Note: The usual class limit is 16 students; sessions will be offered only if enough students register to make it economically feasible to offer the session.)

ATTESTATION:

I certify and attest that the above information and statements are complete and accurate to the best of my knowledge and belief.

Signature of Father/Legal Guardian

Signature of Mother/Legal Guardian

Date: _____

Date: _____