



Christ the Divine Teacher Catholic Academy

Pre-Kindergarten
2012-2013 Registration Application

Registration fee of \$25 per student is due with registration form.

Table with 4 columns: Date Submitted, Cash, Bank, Check #

Student's Name: Last First Middle

Birth Date: Birthplace: M/F Birth Certificate #

Social Security #: Religious Affiliation of Student

Address: Phone: (area code) -- phone #

City: State: Zip:

email: School District:

Registering for Pre-Kindergarten 3-days per week (M/W/F) 5-days per week

Father/Guardian: Last First Middle

Address:

City: State: Zip: E-mail:

Home Telephone: Work Telephone:

Occupation: Religion: Parish:

Mother/Guardian: Last First Middle

Address:

City: State: Zip: E-mail:

Home Telephone: Work Telephone:

Occupation: Religion: Parish:

Brothers/Sisters:

Name: _____	Sex: _____	Age: _____
Name: _____	Sex: _____	Age: _____
Name: _____	Sex: _____	Age: _____

Learning disabilities and/or Behavioral Assessments: _____

Submission

By the signature here under, I hereby submit this application for enrollment at Christ the Divine Teacher Catholic Academy. I understand that the application fee is not refundable.

Signature: _____ Date: _____

*****DOCUMENTS REQUIRED*****

With registration: Birth Certificate _____ Emergency Care Card _____

Office Use Only:

Name: _____ Amt. Received: _____

Date Received: _____ Check #: _____ Bank: _____