



**Please print. 2017-2018**

**Registration Form: Child Information**

Child's Name: \_\_\_\_\_  
(LAST) (FIRST) (Middle Initial)

Sex: (Male or Female) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Grade in Sept. 2017: \_\_\_\_\_ Family ID Number \_\_\_\_\_

\_\_\_\_\_ We are new to Saint Katherine of Siena School and do not have a Family ID Number.

Member of St. Katherine of Siena Parish: \_\_\_\_\_ Yes \_\_\_\_\_ No

Home Address: \_\_\_\_\_  
(STREET) (CITY/STATE) (ZIP)

Home Phone: \_\_\_\_\_ Religion: \_\_\_\_\_ Registered Parish: \_\_\_\_\_

E-mail for school notification: \_\_\_\_\_

**Parent Information**

Mother Name: \_\_\_\_\_  
(LAST) (FIRST) (Middle Initial)

Mother Maiden Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Mother Email: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Home Phone (if different than above): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Alumna of St. Katherine? (Circle one): Yes No If Yes, Graduation Year: \_\_\_\_\_

Father Name: \_\_\_\_\_  
(LAST) (FIRST) (Middle Initial)

Country of Birth: \_\_\_\_\_

Father Email: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Home Phone (if different than above): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please turn over for Side 2**

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Alumnus of St. Katherine? (Circle one):      Yes      No      If Yes, Graduation Year: \_\_\_\_\_

Parent Marital Status (Please check one):

\_\_\_\_ Married      \_\_\_\_ Mother only living      \_\_\_\_ Remarried (one step-parent)  
\_\_\_\_ Separated      \_\_\_\_ Father only living      \_\_\_\_ other. Explain: \_\_\_\_\_  
\_\_\_\_ Divorced      \_\_\_\_ Both parents deceased      \_\_\_\_\_

**Home Information**

Languages spoken at home: \_\_\_\_\_

Does the student speak English fluently?      \_\_\_\_ Yes      \_\_\_\_ No

Ethnic Background :

\_\_\_\_ African    \_\_\_\_ Asian    \_\_\_\_ Black    \_\_\_\_ Hispanic    \_\_\_\_ Multi    \_\_\_\_ White

**Allergy/Medical Condition Information**

Please list any allergies or chronic conditions that your child has (ex: peanut allergy, asthma, etc.):

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

**Sibling Information**

Please list child's siblings from *youngest* to *oldest*. Please list **all** siblings, even if they do not attend SKS.

FIRST NAME	LAST NAME	DOB	SEX	GRADE IN 9/2017	SCHOOL

**STUDENTS WHO ARE NOT CATHOLIC** must pay out of parish tuition. The student is also required to take the religion course each year and attend all religious services which are a part of the school's program. The parent/guardian is to sign below to indicate acceptance of these conditions.

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

**REGISTRATION FEE: \$100.00 per child**  
**Registration fee is non-refundable and due upon registration.**

Payment Method (circle one):      CASH      CHECK      MONEY ORDER

Check Number: \_\_\_\_\_