

REGISTRATION FORM FOR SAINT MARY PRESCHOOL

183 High Ridge Avenue
Ridgefield, CT 06877
(203)438-7288

APPLYING FOR SCHOOL YEAR _____

3 YR OLD PROGRAM _____ AM _____ PM _____

Date Received _____

4 YR OLD PROGRAM _____ AM _____ PM _____ Full Day _____

TRANSITIONAL KINDERGARTEN PROGRAM _____ PM _____ Full Day _____

Check Number _____

STUDENT INFORMATION

CHILD'S FULL NAME _____ SEX: M _____ F _____
(Last Name) (First Name) (Middle Name)

CHILD'S HOME ADDRESS _____ HOME PHONE _____
(Street) (City) (State) (Zip)

PLACE OF BIRTH _____ DATE OF BIRTH ____/____/____

ETHNIC STATUS: AFRICAN AMERICAN _____ ASIAN _____ HISPANIC _____ NATIVE AMER _____ WHITE _____ OTHER _____

PARENT OR GUARDIAN INFORMATION

FATHER'S NAME _____ ADDRESS (IF DIFFERENT FROM THE STUDENT'S) _____

FATHER'S OCCUPATION & BUSINESS PHONE NUMBER _____ FATHER'S RELIGION _____

E-MAIL ADDRESS _____ CELL PHONE _____

MOTHER'S FIRST & MAIDEN NAME _____ ADDRESS (IF DIFFERENT FROM THE STUDENT'S) _____

MOTHER'S OCCUPATION & BUSINESS PHONE NUMBER _____ MOTHER'S RELIGION _____

E-MAIL ADDRESS _____ CELL PHONE _____

EMERGENCY CONTACT (IF PARENTS ARE NOT AVAILABLE) _____ PHONE _____

PARISH PRESENTLY REGISTERED AT AND SUPPORTING _____ CITY _____

IF SEPARATED OR DIVORCED WHO HAS LEGAL CUSTODY OF THE CHILD(REN)? _____

ARE CUSTODY PAPERS ON FILE IN THE SCHOOL OFFICE? YES _____ NO _____

MAY THE SCHOOL RELEASE YOUR CHILD TO THE NON-CUSTODIAL PARENT? YES _____ NO _____

WHO IS TO RECEIVE OFFICIAL INFORMATION FROM THE SCHOOL? _____

FAMILY INFORMATION

NAME OF SIBLINGS

BIRTHDATES OF SIBLINGS

SCHOOL CURRENTLY ENROLLED AT & GRADE

MEDICAL NOTATIONS: PLEASE LIST ANY HEALTH PROBLEMS (SUCH AS ASTHMA, ALLERGIES, DIABETES) _____

DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS? IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN REQUESTED TO ATTEND A P.P.T. (PLANNING & PLACEMENT TEAM) MEETING FOR YOUR CHILD? ___ YES ___ NO

CURRENT SCHOOL APPLICANT IS ATTENDING: _____ CITY/STATE _____

I INTEND TO CONTINUE MY CHILD'S CATHOLIC EDUCATION HERE AT SAINT MARY SCHOOL _____ **YES** _____ **NO**

THE FOLLOWING ITEMS MUST BE PRESENTED TO COMPLETE APPLICATION FOR ADMISSION: COPY OF CHILD'S BIRTH CERTIFICATE, A COMPLETED HEALTH FORM AND A NON-REFUNDABLE REGISTRATION FEE OF **\$100.00**

FALSIFIED INFORMATION TO THIS APPLICATION FORM/QUESTIONS WILL BE GROUND FOR DISMISSAL. SAINT MARY SCHOOL DOES NOT DISCRIMINATE BASED ON SEX, CREED, RACE, ETHNICITY OR SOCIO-ECONOMIC BACKGROUND.

AS PARENT/GUARDIAN, I AGREE TO SUPPORT THE SCHOOL'S POLICIES, RULES AND STANDARDS. THE PRINCIPAL OF THE SCHOOL MAY SUSPEND, REQUIRE WITHDRAWAL OF, OR DISMISS A STUDENT IF HE/SHE DETERMINES THAT IT IS NOT IN THE BEST INTEREST OF THE STUDENT AND/OR THE OTHER STUDENTS OF SAINT MARY SCHOOL FOR THE STUDENT TO CONTINUE AT SAINT MARY SCHOOL.

I UNDERSTAND THAT MY (HEREAFTER, "OBLIGOR(S)") OBLIGATION TO PAY THE FEES FOR THE FULL ACADEMIC YEAR IS UNCONDITIONAL, AND THAT AFTER JUNE 30TH, PRIOR TO THE START OF THE REGISTERED SCHOOL YEAR, NO PORTION OF SUCH FEES PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELED IN THE EVENT OF ABSENCE, WITHDRAWAL OR DISMISSAL FROM THE SCHOOL OF THE ABOVE STUDENT(S), UNLESS THE POSITION VACATED IS FILLED WITHIN 30 DAYS OF WRITTEN NOTICE OF THE STUDENT'S INTENTION TO WITHDRAW (THE "REPLACEMENT EXCEPTION"). OBLIGOR UNDERSTANDS THAT OBLIGOR BEARS RISK ASSOCIATED WITH THE WITHDRAWAL OF A LISTED STUDENT FROM THE SCHOOL. THE SCHOOL MAY SEEK ALL REMEDIES FOR OBLIGOR'S FAILURE TO PERFORM THE OBLIGATIONS HEREUNDER WITH NO NOTICE TO OBLIGOR. THE SCHOOL HAS NO OBLIGATION TO USE MORE THAN REASONABLE EFFORTS TO SEEK AND FIND A REPLACEMENT FOR ANY OF THE ABOVE LISTED STUDENTS SHOULD ANY OR ALL OF THEM WITHDRAW FROM THE SCHOOL.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PERSON FINANCIALLY RESPONSIBLE (IF NOT ABOVE) _____ DATE _____

BILLING ADDRESS OF RESPONSIBLE PARTY, IF NOT PARENT (S) OR LEGAL GUARDIAN(S)
