



Peru Catholic School

REGISTRATION FORM

Family Last Name: _____ **Date of Registration:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **E-mail:** _____

Student(s) lives with: Both Parents _____ Mother _____ Father _____ Other _____

Father's Information

Name: _____

Religion: _____ **Parish:** _____ **Occupation:** _____

Employer: _____ **Work Ph. #** _____ **Cell #** _____

Mother's Information

Name: _____

Religion: _____ **Parish:** _____ **Occupation:** _____

Employer: _____ **Work Ph. #** _____ **Cell #** _____

Student Information

#1

Name: _____
Last First/Middle

Grade: _____ **Gender:** _____ **Ethnic Background:** _____ **Religion:** _____

Social Security #: _____ **Birthday:** _____

Catholics Only: Please enter the date that this child received the Sacraments:

Baptismal: _____ **1st Communion** _____ **Confirmation:** _____

Allergies, Chronic Health Problems and Related Medications: _____

Student Information

#2

Name: _____
Last First/Middle

Grade: _____ **Gender:** _____ **Ethnic Background:** _____ **Religion:** _____

Social Security #: _____ **Birthday:** _____

Catholics Only: Please enter the date that this child received the Sacraments:

Baptismal: _____ **1st Communion** _____ **Confirmation:** _____

Allergies, Chronic Health Problems and Related Medications: _____

Please continue to fill out this form on the back and sign it at the bottom of page 2.

**Student Information
#3**

Name: _____
Last First/Middle

Grade: _____ Gender: _____ Ethnic Background: _____ Religion: _____

Social Security #: _____ Birthday: _____

Catholics Only: Please enter the date that this child received the Sacraments:

Baptismal: _____ 1st Communion _____ Confirmation: _____

Allergies, Chronic Health Problems and Related Medications: _____

**Student Information
#4**

Name: _____
Last First/Middle

Grade: _____ Gender: _____ Ethnic Background: _____ Religion: _____

Social Security #: _____ Birthday: _____

Catholics Only: Please enter the date that this child received the Sacraments:

Baptismal: _____ 1st Communion _____ Confirmation: _____

Allergies, Chronic Health Problems and Related Medications: _____

**Student Information
#5**

Name: _____
Last First/Middle

Grade: _____ Gender: _____ Ethnic Background: _____ Religion: _____

Social Security #: _____ Birthday: _____

Catholics Only: Please enter the date that this child received the Sacraments:

Baptismal: _____ 1st Communion _____ Confirmation: _____

Allergies, Chronic Health Problems and Related Medications: _____

FOR TRANSFER STUDENTS

Name: _____

School Last Attended

Address: _____

I approve and endorse this registration of my son(s)/daughter(s) and as a condition of acceptance as a student, I hereby guarantee to Peru Catholic School payment of tuition, school fees, and other expenses as may be incurred. In addition, I hereby agree to know and abide by the policies, philosophy, rules and regulations of Peru Catholic School as stated in the handbook and will see that my son(s)/daughter(s) also abides by them.

Parent/Guardian Signature: _____

Date: _____



Please Check One

_____ 3 Yr. Old Program

_____ 4 Yr. Old Program

Preschool Pre-registration Questionnaire

Name of Child (print clearly) _____ Nickname _____

Date of birth _____ Age on first day of school _____

Father's Name _____ Mother's Name _____

Contact Numbers _____ E-Mail Address _____

Child lives with: (check all that apply) ___mother ___father ___step-mother ___step-father ___grandmother ___grandfather
___foster parent's ___other (please specify) _____

Has your child attended school before: ___yes ___no (Please Circle: **Preschool - Daycare - Head-Start**)

Please Check One: 3 Year Old Program: ___3 full days ___5 full days

4 Year Old Program: ___3 full days ___5 full days

Will you be continuing on at Peru Catholic School ___yes ___no, If no, where? _____

IN ORDER TO ENROLL INTO THE PRESCHOOL PROGRAM AT PERU CATHOLIC, YOUR CHILD MUST BE FULLY POTTY TRAINED AND SELF-SUFFICIENT IN ALL ASPECTS OF PROPER HYGIENE.

Self-Care Survey: (check all that apply)

<input type="checkbox"/> My child is potty trained	<input type="checkbox"/> He/She is scared to go the bathroom alone
<input type="checkbox"/> He/She can wipe their own BM	<input type="checkbox"/> He/She can dress them self (include: socks, shoes & coats)
<input type="checkbox"/> He/She can wipe after urination	<input type="checkbox"/> He/She can drink from a milk carton
<input type="checkbox"/> He/She can pull up & pull down his/her own pants	<input type="checkbox"/> He/She nap

Check below any services that your child has received: ___speech and language therapy ___hearing services
___vision therapy ___occupational therapy ___physical therapy ___counseling

Is your child on any medication: ___yes ___no, If so, what? _____ How long? _____

Does your child have any allergies: ___yes ___no, If so please explain? _____

Parent's Signature: _____ Date: _____