

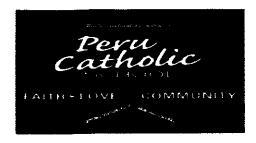
Peru Catholic School

REGISTRATION FORM

Family Last Name:_		Date of Registration:		
Address:		City:	Zip Code:	
Phone:		E-mail:		
Student(s) lives with:	Both Parent	s Mother	Father	Other
Father's Information	Name:			
Religion:	Parish	n:	Occupation:	
Employer:		Work Ph. #		eell #
Mother's Information	Name:			
Religion:	Parish	n:	Occupation:	
Employer:		Work Ph. #		Cell #
Student Information #1	Name:	Last		First/Middle
Grade:	Gender:	Ethnic Background:	Reli	gion:
Social Security #:		Birthday:		
Catholics Only: Please enter	r the date that this child	received the Sacraments:		
Baptismal:	1st Communion		Confirmation:	
Allergies, Chronic Health Pro	blems and Related Me	dications:		
Student Information #2	Name:	Last	First/Middle	
Grade:	Gender:	Ethnic Background:	Reli	gion:
Social Security #:		Birthday:		
Catholics Only: Please ente	r the date that this child	d received the Sacraments:		
Baptismal:	1st Communion		Confirmation:	
Allergies, Chronic Health Pro	oblems and Related Me	edications:		

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
Create	Condon	Catalia Dankarana da	
Grade:	Gender:	Ethnic Background:	Religion:
Social Security #: _		Birthday:	<u>-</u>
Catholics Only: Please ente	er the date that this	s child received the Sacraments:	
Baptismal:		1st Communion	Confirmation:
Allergies, Chronic Health Pr	oblems and Relate	ed Medications:	
Student Information #4	Name:	Last	First/Middle
Crada	Candan	State Deadless	
Grade:			
Social Security #: _	- -	Birthday:	
Catholics Only: Please ente	er the date that this	s child received the Sacraments:	
Baptismal:		1st Communion	Confirmation:
Allergies, Chronic Health Pr	oblems and Relate	ed Medications:	
Student Information			
Student Information #5	Name:	Last	First/Middle
Grade:	Gender:	Ethnic Background:	Religion:
		Birthday:	
		s child received the Sacraments:	
-			
Baptismal:		1st Communion	Confirmation:
Allergies, Chronic Health Pro	oblems and Relate	ed Medications:	
FOR TRANSFER STU	DENTS	Name:	
School Last Attended		Address:	
hereby guarantee to Pe addition, I hereby agree	eru Catholic So e to know and a	chool payment of tuition, school fee	a condition of acceptance as a student, I es, and other expenses as may be incurred. In rules and regulations of Peru Catholic School as des by them.
Parent/Guardian Sign	nature:		Date:



l	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 NumbersE-Mail Address					
	erfatherstep-motherstep-fathergrandmothergrandfather				
Has your child attended school before: _	yesno (Please Circle: Preschool - Daycare - Head-Start)				
Please Check One: 3 Year Old Program:	_3 full days5 full days				
4 Year Old Program:	_3 full days5 full days				
Will you be continuing on at Peru Catholic	c Schoolyesno, If no, where?				
My child is potty trainedHe/She can wipe their own BMHe/She can wipe after urinationHe/She can pull up & pull down his/h	Care Survey: (check all that apply) — He/She is scared to go the bathroom alone — He/She can dress them self (include: socks, shoes & coats) — He/She can drink from a milk carton — He/She nap				
•	has received:speech and language therapyhearing services rapyphysical therapycounseling				
Is your child on any medication:yes	no, If so, what? How long?				
Does your child have any allergies:	yesno, If so please explain?				
Parent's Signature	Date [,]				
Parent's Signature:	Date:				