



# Mishawaka Catholic School Early Childhood Development Registration

Children must be 3 years of age by August 1st for 3-4 program or 4 by August 1st for 4-5 program

Children must be toilet trained - NO pull-ups

\_\_\_\_ 3-4 year old program

\_\_\_\_ 4-5 year old program

\_\_\_\_ 4-5 year old program

Tu/Th 8:00 – 11:00

M/W/F 8:00 – 11:00

Mon – Fri 8:00 - 11:00

\_\_\_\_ Extended Care (11am – 3pm)

\_\_\_\_ After School Care (3pm-6pm)

Extended Care and After School Care are offered at hourly rates. Space limited.

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F

Student's Primary Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name of public school student would attend if not attending MCS? \_\_\_\_\_

Student's Religion  Catholic  Other \_\_\_\_\_

Is a registered, active member of \_\_\_\_\_ Parish.

Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Medical Conditions (Allergy, Asthma, Heart Condition, etc. Please be specific): \_\_\_\_\_

Student lives with:  Both Parents  Father  Mother  Stepfather  Stepmother

Other: \_\_\_\_\_

Parents' Marital Status:  Married  Single, never married  Divorced  Separated

(A copy of custody/guardianship papers required)

## Mother's or Guardian's Information

\_\_\_\_\_  
 First Name Last Name  
 Religion: \_\_\_\_\_  
 Home Address if different from Primary: \_\_\_\_\_  
 \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

## Father's or Guardian's Information

\_\_\_\_\_  
 First Name Last Name  
 Religion: \_\_\_\_\_  
 Home Address if different from Primary: \_\_\_\_\_  
 \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

## Student's Ethnicity/Race Data – Both Questions must be answered (for statistics only):

Is this individual Hispanic/Latino? (Choose only one)  No, not Hispanic/Latino  Yes, Hispanic/Latino

What is the individual's race? (Choose all that apply)

American Indian/Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  White

Is there a language other than English often spoken in the home?  Is yes, what? \_\_\_\_\_

Please include a non-refundable \$50 registration fee. Fee amounts may be totaled on one check, made payable to Mishawaka Catholic School. Please provide a copy of Birth Certificate, Baptismal Certificate (if applicable) and Immunization records.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

Date Received: \_\_\_\_\_ Payment Received: Y / N By: \_\_\_\_\_ Payment Method: \_\_\_\_\_