



**Visitation Catholic STEM Academy  
PRE-Kindergarten Registration 2018 – 2019  
Monday – Friday, 8:15am – 3pm**

VISITATION  
CATHOLIC STEM ACADEMY

**Please attach \$40.00 Non-Refundable Application Fee per Family**

| STUDENT INFORMATION  |             |                |             |
|--|-------------|----------------|-------------|
| Last Name  |             | First Name     | Middle Name |
| Home Address   |             | City/State/Zip |             |
| Birthdate  | Birth Place |                | Sex         |
|  | Current Age |                |             |
| Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Arrangement |             |                |             |
| Parental Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Who has legal custody? _____           |             |                |             |
| Child is: <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Natural <input type="checkbox"/> Other   |             |                |             |
|  |             |                |             |
| FATHER/GUARDIAN Catholic <input type="checkbox"/> yes <input type="checkbox"/> no Registered in _____ Parish   |             |                |             |
| Last Name  |             | First Name     | Phone (H)   |
| Home Address   |             | City/State/Zip |             |
| Employer/Occupation  |             | Work Phone     |             |
| Email  | Pager       | Cell Phone     |             |
| MOTHER/GUARDIAN Catholic <input type="checkbox"/> yes <input type="checkbox"/> no Registered in _____ Parish   |             |                |             |
| Last Name  |             | First Name     | Phone (H)   |
| Home Address   |             | City/State/Zip |             |
| Employer/Occupation  |             | Work Phone     |             |
| Email  | Pager       | Cell Phone     |             |
| SIBLING INFORMATION  |             |                |             |
| Ages of siblings attending Visitation Catholic STEM Academy  |             |                |             |
| Ages of siblings not attending Visitation Catholic STEM Academy  |             |                |             |
| SCHOOL APPLICATION   |             |                |             |
| Most recent school attended if applicable:   |             |                |             |
| Name of local neighborhood school (for reporting purposes)   |             |                |             |

How did you hear about Visitation Catholic STEM Academy?

**STUDENT SACRAMENTAL INFORMATION:**

Baptism Date

Church

City/State/zip

**EMERGENCY CONTACT INFORMATION - Local Contacts Only Please**

Persons to contact in case of an emergency (if parent/guardian cannot be reached) and who are authorized to pick up the student at school.

|   |            |            |              |
|---|------------|------------|--------------|
| Emergency Contact Person 1  | Work Phone | Home Phone | Relationship |
| Emergency Contact Person 2  | Work Phone | Home Phone | Relationship |
| Babysitter/Daycare Name   | Address    |            | Phone Number |
| Local Physician   | Address    | Zip code   | Phone Number |
| Date of last physical   |            |            |              |
| Local Dentist   | Address    | Zip code   | Phone Number |
| Ethnic Background for Reporting Purposes (optional). Please check one:<br>Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (not Hispanic origin) <input type="checkbox"/> |            |            |              |
| Are you aware of any learning, physical or emotional difficulties with you child/ren? ____yes ____no If yes, please explain:  |            |            |              |
| Special Medical Information or Instructions (ie: allergies, asthma):  |            |            |              |

Grandparents' name and address (to mail newsletter and other school mailings)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_