

**St. Pius X School**  
**Broomall, PA 19008**

Family# \_\_\_\_\_ Student # \_\_\_\_\_

**2009-2010 Kindergarten Registration**

Date of Application: \_\_\_\_\_

NAME OF PARISH \_\_\_\_\_ School District: \_\_\_\_\_

Immunization Records turned in with Registration? \_\_\_Yes \_\_\_ No Circle one: Bus Rider or Walker

Kindergarten Choice: \_\_\_\_\_ Full Day \_\_\_\_\_ Half Day

Child's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Baptism Parish: \_\_\_\_\_ City: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Ethnic Background: \_\_\_Caucasian \_\_\_African American \_\_\_Hispanic \_\_\_Asian \_\_\_Multi-racial Other \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Country of Father's Birth \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_ Email Address: \_\_\_\_\_

Maiden Name \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Country of Mother's Birth \_\_\_\_\_

Above Information may be put in our school directory: Yes \_\_\_ No \_\_\_

Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried

Home Situation: \_\_\_ Two Biological Parents \_\_\_ Mother/Stepfather \_\_\_ Father/Stepmother

\_\_\_ One Parent \_\_\_ Parents separated or divorced \_\_\_ Other: Specify on back

Child Lives with: \_\_\_\_\_

Language spoken at home if not English \_\_\_\_\_

| <u>Brothers/Sisters Name</u> | <u>Age</u> | <u>School</u> | <u>Grade</u> |
|------------------------------|------------|---------------|--------------|
| _____                        | _____      | _____         | _____        |
| _____                        | _____      | _____         | _____        |
| _____                        | _____      | _____         | _____        |
| _____                        | _____      | _____         | _____        |

School previously attended \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ Phone \_\_\_\_\_

Regular Ed \_\_\_\_\_ Special Ed \_\_\_\_\_

Does your child have an IEP? Yes \_\_\_ No \_\_\_

Does your child need help in Reading \_\_\_ Math \_\_\_\_\_

Any other needs or concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration Fee (Non-refundable): Paid by Check # \_\_\_\_\_ Cash \_\_\_\_\_

Choice of Tuition Payment Plan

Please check:

1. \_\_\_\_\_ Annual                      2. \_\_\_\_\_ 3 Payments                      3. \_\_\_\_\_ Monthly Payment Plan

**I understand that by registering my child I accept my obligation to keep my tuition payments current.**

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