St. Pius X School
Broomall, PA 19008

Family # ____ Student #____

2009-2010 PRE-SCHOOL Registration **Date of Application**:_____

Name of Parish _____ School District: _____

Child's Name_____
Last First Middle

Address _____

City _____ Zip_____

Home Phone _____ Name of Parish_____

Sex: Male ____ Female ____ Birth date: _____ Soc. Security #_____

Place of Birth: City_____ State_____

Baptism Parish: _____ 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: _____ Relationship _____
Language spoken at home if **not** English _____

Brothers/Sisters Name	**Age**	**School**	**Grade**

Please check the appropriate session:

2-day 3 year olds _____
3-day 4 year olds _____ Half Day ____ Full Day
5-day 4 year olds _____ Half Day ____ Full Day

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 _____