

Saint Joan of Arc School

22415 Overlake
 Saint Clair Shores, MI 48080
 586 775-8370

Pre-School Registration for 2017 – 2018

Grade Level: (Check one)

Date of Registration: _____

- 3 year a.m.
 3 year p.m.
 (Tentative)

- 4 year a.m.
 4 year all day

Child:

| | | | | |
|---------|--------|------|----------------------|-----------|
| FIRST | MIDDLE | LAST | M / F | BIRTHDATE |
| ADDRESS | | | PHONE WITH AREA CODE | |
| CITY | STATE | ZIP | RELIGION | |

Will this child be the oldest in the family attending Saint Joan of Arc School? _____ YES/NO

Father:

| | | | | |
|----------------|-------|---------|----------|------------------|
| MR / DR | FIRST | INITIAL | LAST | COUNTRY OF BIRTH |
| OCCUPATION | | | EMPLOYER | EMPLOYER PHONE |
| e-mail address | | | | RELIGION |

Mother:

| | | | | | |
|----------------|-------|---------|----------|----------------|------------------|
| MS / MRS / DR | FIRST | INITIAL | LAST | MAIDEN | COUNTRY OF BIRTH |
| OCCUPATION | | | EMPLOYER | EMPLOYER PHONE | |
| e-mail address | | | | | RELIGION |

With whom does the child live?

Please place an x in the appropriate box and provide the necessary information:

- Both Parents
 *One Parent Mother Father
 *Other (Please specify) _____

* With exception of widow or widower: **Proof of physical custody must be provided.**