

Saint Joan of Arc School

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

Kindergarten Registration 2024-2025

- Birth Certificate
- Baptismal Certificate
- Immunization Certificate

Date of Registration: _____

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

Parent(s) are SJA Alumni: Yes or No Class of: _____

Please **CIRCLE** your child's Race and Ethnicity for Reporting Purposes: African American (AA)____; American Indian (AI)____; Arabic (AR)____; Asian (A)____; Bi-Racial (B)____; Caucasian (C)____; Hispanic (H)____; Pacific Islander (P)____; Other (O)____

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.**

Continued on next page

Pre-School History

We request your cooperation in completing this questionnaire. The information will be helpful to your child's teacher. We want to plan an educational program that will meet the needs of your child.

All personal data will be held in strict confidence. It will be available to those professional people who will be concerned with the educational program of the school.

Please record data as accurately as possible.

Has your child attended nursery school? Yes No

If yes, how long? _____

Name of Nursery School: _____

Address: _____

Does the student have any disabilities or difficulties of which we should be aware?

Yes No If yes, please explain: _____

Is your child on any type of medication? Yes No

If yes, what type of medication? _____

Has the child received any special help such as at a child clinic, psychological testing, perceptual training that we should know about to best help the child?

Yes No If yes, please explain: _____

Please add any comments about your child's health or development the teacher should know in order to best work with your child. _____

Signature of person completing form

Relationship to child.

Non-Catholics only:

Acceptance Form

I am aware of the philosophy of Saint Joan of Arc School. I clearly understand my children will be educated according to Christian values and principles, and my children will participate in the Religious Program and the liturgical services offered in school.

Signature of Parent(s)

Date