

# 4K

## ST. CHARLES CATHOLIC SCHOOL HARTLAND, WI

### Student Registration Form - 4K

*(Please Print)*

Registration Date: \_\_\_\_\_

Parish Member: Yes \_\_\_\_\_ No \_\_\_\_\_

**Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle (initial) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Birth Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Birthplace (City/State) \_\_\_\_\_

(State law mandates that a child must be 4 years old by September 1<sup>st</sup>)

**School District Residing:** \_\_\_Hartland/Lakeside \_\_\_Swallow \_\_\_Richmond \_\_\_Stone Bank \_\_\_North Lake \_\_\_Lake Country \_\_\_Merton \_\_\_Oconomowoc \_\_\_Pewaukee \_\_\_Sussex

Does your child currently receive any Special Education Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

**Student Ethnicity (Optional):** American Indian \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Father/Guardian Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Telephone** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Shift/Working Hours** \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

(Include Maiden Name)

**Mother/Guardian Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

(If different than above)

**Home Telephone:** \_\_\_\_\_ **Cell Telephone** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Shift/Working Hours:** \_\_\_\_\_

(Over)

Student Lives with: Both Parents \_\_\_\_\_ Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

\* If there is a divorce or legal separation, which parent has legal custody of the child:

(Please check)      Father \_\_\_\_\_      Mother \_\_\_\_\_      Joint Custody \_\_\_\_\_

The child's siblings are:

NAME:	BIRTHDATE:	IS THE SIBLING PRESENTLY LIVING AT HOME?	
1. _____	_____	_____ YES	_____ NO
2. _____	_____	_____ YES	_____ NO
3. _____	_____	_____ YES	_____ NO

**Registration Fee: \$100.00** per child

(Non-Refundable)

**Due upon registration**

OFFICE USE ONLY	
DATE _____	AMOUNT PAID _____
TIME _____	CHECK # _____
BIRTH CERTIFICATE _____ (State law mandates that a child must be 4 years old by September 1 <sup>st</sup> )	

**5 year old - KINDERGARTEN**

**Registration requires the completion of a separate registration and non-refundable registration fee.**