

ST CROIX CATHOLIC SCHOOL
KINDERGARTEN REGISTRATION **School Year 2012 – 2013**

Date _____

*To complete enrollment, please include with this form: copy of Birth Certificate,
copy of Baptismal Certificate, \$125.00 New Student Fee; \$100.00 Pre-registration Fee.
One check for \$225.00 can be made out to SCCS.*

Student's Name _____ M ____ F ____

Does student go by a different name or nickname? _____

(Verf ____) Birthdate _____ Birthplace (City & State) _____

(Verf ____) Baptism: Date _____ Church _____
City _____ State _____

Student's religion _____

Previous School Experience _____

I am requesting the following program: All Day _____ Half Day _____

Mother/Guardian's Name _____				
Does child live with Mother/Guardian? Yes _____ No _____				
Mother/Guardian's Address _____				
Street	City	State	Zip	
Home Telephone _____		Cell Phone _____		
Email _____				
Mother's Religion _____				<i>(please list)</i>
Parish: St. Michael's _____		St. Mary's _____		St. Charles _____ Other _____
Place of Employment _____				
Work Telephone _____				

Father/Guardian's Name _____				
Does child live with Father/Guardian? Yes _____ No _____				
Father/Guardian's Address _____				
Street	City	State	Zip	
Home Telephone _____		Cell Phone _____		
Email _____				
Father's Religion _____				<i>(please list)</i>
Parish: St. Michael's _____		St. Mary's _____		St. Charles _____ Other _____
Place of Employment _____				
Work Telephone _____				

Has your child had an Early Childhood Screening in your home school district?

Yes _____ No _____ What district? _____

(Screening is required. If your child has not had an early childhood screening or is not already scheduled for one, please contact your home school district for more information about how to schedule an appointment.)

Younger Siblings:

Name _____ Age _____ Birthdate _____ School (if applicable) _____

Emergency contact - In the case of Emergency when parents cannot be reached:

Contact person _____ Telephone _____

Address _____

Student's Doctor _____ Telephone _____

Student's Dentist _____ Telephone _____

Special Health Considerations _____

Please check **all** circumstances that apply:

_____ Student has a sibling who is a student at SCCS.

_____ Student has a sibling who is a former student of SCCS.

_____ Student's parents/guardians are registered members of St. Michael's, St. Mary's, or St. Charles parish.

_____ Student has a parent who is an alumni of SCCS

_____ Student has a parent who is a former parishioner of St. Michael's, St. Mary's, or St. Charles.

In which school area do you live? *Circle one.*

Afton Lakeland Andersen Lake Elmo Lily Lake Oak Park Marine Stonebridge
Withrow Valley Crossing Rutherford
Another District _____ (please indicate #)

New Student Fee Rec'd: Yes _____ No _____

Amount _____ Date _____ Cash _____ Check _____ Initial _____

Pre-registration Deposit Rec'd: Yes _____ No _____

Amount _____ Date _____ Cash _____ Check _____ Initial _____