

# ROCHESTER CATHOLIC SCHOOLS



**FAMILY NAME** \_\_\_\_\_  
**PARISH** currently registered \_\_\_\_\_

## PRESCHOOL REGISTRATION FOR THE 2012-13 YEAR

**CIRCLE and RETURN TO SCHOOL OF CHOICE:** Holy Spirit    Saint Pius X    Saint Francis of Assisi    *(For Priority Placement - Return by December 22, 2011)*

Father _____ Address _____ City/State/Zip Code _____ Occupation _____ Employer _____ Business Phone _____ Home Phone _____ Cell Phone _____ Email Home _____ Email Work _____ Religion _____ Parish _____	Mother _____ Address _____ City/State/Zip Code _____ Occupation _____ Employer _____ Business Phone _____ Home Phone _____ Cell Phone _____ Email Home _____ Email Work _____ Religion _____ Parish _____
<b>Children live with: (please circle)</b> Father                      Mother Both                          Other Custody arrangements: (if applicable)	
Sibling of family currently enrolled in RCS (P-12) _____ New Family to RCS (P-12)	

**Ethnic Background: Please list information for the child who will be attending Preschool: (1 form per student)**

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_

Is the child Hispanic/Latino?    Yes    No

Is the child one or more of the following races? (Check All Below That Apply)

\_\_\_\_ American Indian/Alaska Native    \_\_\_\_ Asian    \_\_\_\_ Black/African American    \_\_\_\_ Native Hawaiian/Other Pacific Islander    \_\_\_\_ White

Race Ethnicity: # \_\_\_\_\_ (Choose One: 1-African American 2-Arab 3-Asian 4-Ethiopian 5-Haitian 6-Hispanic 7-India 8-Indian 9-Korean 10-Lebanese 11-Multi-Racial 12-Pakistani 13-Philippino 14-SriLankan 15-Sudanese 16-White)

**PLEASE NUMBER YOUR CHOICES IN ORDER OF PREFERENCE (please limit to 3 choices)**

<b>Holy Spirit School</b> _____ M-W-F AM 4-5 yr olds _____ M-W-F PM 4-5 yr olds _____ T-TH AM 3 yr olds _____ T-TH PM 4 yr olds	<b>St. Francis of Assisi School</b> _____ M-W-F AM 4-5 yr olds _____ M-W-F PM 4-5 yr olds _____ T-TH AM 3 yr olds _____ T-TH PM 4 yr olds	<b>St. Pius X School</b> _____ M-W-F AM 4-5 yr olds _____ M-W-F PM 4-5 yr olds _____ T-TH AM 3 yr olds _____ T-TH PM 3 yr olds
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PLEASE LIST SIBLINGS WHO NOW ATTEND ANY ROCHESTER CATHOLIC SCHOOL

Name / Grade / School \_\_\_\_\_

Signature of Mother _____	Date _____	Received _____	Initials _____
Signature of Father _____	Date _____		
Signature of Other _____	Date _____		(internal use only)