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**LITTLE SHEPHERD PRE-K 4 YEAR OLD  
 REGISTRATION FORM – 2019/20**

**SESSION:** Monday-Friday – 8:30 am to 11:00 am (5 half days) \_\_\_\_\_  
 Monday-Friday – 8:30 am to 2:30 pm (5 full days) \_\_\_\_\_

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_  
 Last First Middle  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Date of Birth: \_\_\_\_\_ (Must be 3 before October 1.)  
 (Birth Certificate Required) Place of Birth \_\_\_\_\_  
 I certify that my child is toilet trained. \_\_\_\_\_ Yes \_\_\_\_\_ No

**PARENT INFORMATION:**

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed  
**Father's Name:** \_\_\_\_\_ Religion: \_\_\_\_\_  
 (Last) (First)  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Email Address : \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Mother's Name :** \_\_\_\_\_ Religion: \_\_\_\_\_  
 (Last) (Maiden) (First)  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer:: \_\_\_\_\_  
 Number of Children in Family: \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Number attending St. Paul's \_\_\_\_\_  
 Parish Affiliation: \_\_\_\_\_ Non-Parishioner: \_\_\_\_\_

**CENSUS INFORMATION:**

Child's Ethnic Heritage: \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Multi-Racial \_\_\_\_\_ White  
 \_\_\_\_\_ Native Alaskan/American Indian  
 \_\_\_\_\_ Native Hawaiian/Pacific Islander

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If baptized, certificate is required.

**Please submit form with \$250 registration fee (per child) and \$50 PFG fee (per family). A completed health form must be submitted by August 1 before entrance to school.**

**Checklist for Submission:**

Application Form \_\_\_\_\_  
 Registration Fee \_\_\_\_\_  
**(Non Refundable)**  
 Birth Certificate \_\_\_\_\_  
 Baptismal Certificate \_\_\_\_\_  
 Health Form\* \_\_\_\_\_