

SAINT ANNE'S SCHOOL
PRE-K REGISTRATION FORM

CHECK ONE: 5 DAY MORNING _____ MON. – FRI. 8:30 - 11:00 AM
5 DAY AFTERNOON _____ MON. – FRI. 12:00 - 2:30 PM
OPTIONAL: 5 DAY EXTENSION _____ MON. – FRI. 8:30 - 1:00 PM

NAME OF APPLICANT _____

ADDRESS _____

HOME TELEPHONE NO. _____

CELL PHONE - MOTHER _____ FATHER _____

**EMAIL ADDRESS (REQUIRED) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

RELIGION _____ DATE OF BAPTISM _____ CHURCH _____

CHILD RESIDES WITH: ___ BOTH PARENTS ___ MOTHER ___ FATHER ___ GUARDIAN

ARE YOU A PARISHIONER OF SAINT ANNE'S? _____ YES _____ NO

IF NO, NAME OF PARISH _____

SCHOOL DISTRICT IN WHICH FAMILY RESIDES _____

MOTHER'S FULL NAME _____ MAIDEN NAME _____

PLACE OF BIRTH _____ RELIGION _____

MOTHER'S OCCUPATION _____ COMPANY NAME _____

BUSINESS ADDRESS _____ PHONE _____

FATHER'S FULL NAME _____

PLACE OF BIRTH _____ RELIGION _____

FATHER'S OCCUPATION _____ COMPANY NAME _____

BUSINESS ADDRESS _____ PHONE _____

OTHER CHILDREN IN SAINT ANNE'S SCHOOL? ___ YES ___ NO

NAME (S) _____

EMERGENCY CONTACTS IF MOTHER OR FATHER CANNOT BE REACHED:

1. _____ 2. _____

PHONE _____ PHONE _____

DATE SIGNATURE OF PARENT

**INFORMATION WILL BE SENT ELECTRONICALLY WHENEVER POSSIBLE

SAINT ANNE'S SCHOOL
COMPUTER FORM

DATE: _____

STUDENT NAME: _____ GRADE: _____

DATE OF BIRTH: _____ SEX: _____

ADDRESS: _____

TOWN: _____ ZIPCODE: _____

PHONE: _____ CELL PHONE: _____

E MAIL ADDRESS: _____

SCHOOL DISTRICT IN WHICH YOU RESIDE: _____

MAILING LABEL: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

MARITAL STATUS: _____

MEMBER OF SAINT ANNE'S PARISH: YES _____ NO _____

IF OUT OF PARISH – PARISH NAME _____

RELIGION/FATHER: _____ MOTHER: _____

In order for Saint Anne's to comply with New York State's statistical reporting requirements, please complete the following information for your child:

Ethnicity: *Is your child Hispanic or Latino?* Yes _____ No _____

Race: *What is your child's race?*

American Indian or Alaskan Native _____ Asian _____

Black or African American _____ Hispanic or Latino _____

Multiracial _____ White _____

Native Hawaiian/Other Pacific Islander _____

Date _____

This will affirm that _____ has registered with Saint Anne's Church and will be eligible for the discounted 'active parishioner' school tuition which is contingent on regular contributions through our parish envelope system. This 'active parishioner' tuition rate commits the family to regular participation at Mass and other activities of the parish as well as at least \$500 of in-parish contributions (using the parish envelope system) for the year. If the 'active parishioner' expectation is not fulfilled the 'out-of-parish' school tuition rate will be utilized.

Family Representative _____ Date _____

Parish/Rectory Representative _____

SPECIAL SERVICES

1. Has your child ever been evaluated by a school district Committee for Special Education?

Yes _____ No _____

When _____

2. Did the Committee for Special Education recommend any:

Testing Accommodations Yes _____ No _____

Special Services such as:

Resource Room Teacher _____

Speech Teacher _____

Remedial Reading _____

Remedial Math _____

3. Do you have an IEP (Individualized Education Plan) from any school district for your child?

Yes _____ No _____

4. Do you anticipate your child will need any additional support services to be a successful student?

Yes _____ No _____

If yes, please explain _____

5. Does your child have a Section 504 Plan for special accommodations?

Yes _____ No _____

Children with an IEP who will be new to Saint Anne's in September 2014, must advise your home district and contact the Garden City School District before June 1, 2014 in order to receive special education services for the 2014/15 school year.

