



Mishawaka Catholic School Early Childhood Registration

Children must be 3 years of age by August 1st for 3-4 program or 4 by August 1st for 4-5 Program

Children must be toilet-trained. NO pull-ups

3-4 Program

___ Mon/Tue/Wed. 8:00 - 3:00 ___ Mon - Fri 8:00 - 11:30
___ Thrs/Fri. 8:00 - 3:00 ___ Mon - Fri 8:00 - 3:00

4-5 Program

___ Mon - Fri 8:00 - 11:30
___ Mon - Fri 8:00 - 3:00

After School Care offered at hourly rates. Space limited.

Student's Full Name: _____

Date of Birth: _____ Sex: ___ M ___ F

Student's Primary Home Address: _____

City, State, Zip Code: _____

Primary Phone: _____ Email Address: _____

Name of public school student would attend If not attending MCS? _____

Student's Religion: ___ Catholic ___ Other

Is a registered, active member of _____ Parish.

Baptism: Date: _____ Church: _____ City: _____ State _____

Medical Conditions (allergy, asthma, heart condition, et. Please be specific): _____

Student lives with: ___ Both Parents ___ Father ___ Mother ___ Stepfather ___ Stepmother
___ Other _____

Parents' Marital Status: ___ Married ___ Single, never married ___ Divorced ___ Separated
___ Widowed

Mother's or Guardian's Information:

First Name _____ Last Name _____

Religion: _____

Home Address If different from above: _____

Cell Phone: _____ Email: _____

Occupation: _____

Employer: _____

Work Phone: _____

Father's or Guardian's Information:

First Name _____ Last Name _____

Religion: _____

Home Address If different from above: _____

Cell Phone: _____ Email: _____

Occupation: _____

Employer: _____

Work Phone: _____

Student's Ethnicity/Race Data - Both questions must be answered (for statistics only):

Is this Individual Hispanic/Latino? ___ No, not Hispanic/Latino ___ Yes, Hispanic/Latino

What Is the Individual's race? (choose all that apply)

___ American Indian/Alaskan Native ___ Asian ___ Black or African American

___ Native Hawaiiin or Pacific Islander ___ White

Is there a language other than English spoken In the home? ___ If yes, what? _____

Please Include a non-refundable \$100 registration fee. Fee amounts may be totaled on one check, made payable to Mishawaka Catholic School. Please provide a copy of Birth Certificate, Baptismal Certificate (if applicable) and Immunization records.

Signature of Parent/Guardian _____

For Office Use only. Date Received: _____ Payment Received: Y / N By: _____ Payment Method: _____