

**Presentation BVM School
Early Childhood Registration Form**

Check your child's class

Three years olds meet Tuesday and Thursday _____

Four year olds meet Monday, Wednesday and Friday _____

Morning session 9:00 to 11:30 AM

A PM session will be held if the AM session enrollment indicates a need for another session.

If you would prefer to be in a PM session check here _____

Please print:

Child's Name _____
Last First Middle

Nickname (if any): _____ Sex: M F Birthdate _____

Address _____
Street City Zip Code

Home Phone _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Marital Status: Married ___ Separated ___ Divorced ___ Remarried ___ Single ___

Religion _____ Parish _____

Sibling: Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Birth Certificate _____ Baptismal Certificate _____ Immunization Records
_____ Registration Fee (\$45)