

# Kindergarten Registration

St. Hubert School



Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Full Day Kindergarten \_\_\_\_\_ Half Day Kindergarten (AM) only

\_\_\_\_\_ Half Day Kindergarten with option of full days on:

\_\_ Monday \_\_ Tuesday \_\_ Wednesday \_\_ Thursday \_\_ Friday

M or E Religion \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Home Phone (\_\_\_\_) \_\_\_\_\_ Resident of \_\_\_\_\_ School District

Ethnicity (optional)

\_\_ African American, \_\_ Asian, \_\_ Caucasian, \_\_ Hispanic, \_\_ Native American, \_\_ Other \_\_\_\_\_

Transportation: If you live in District 112 and are within St. Hubert School boundaries, you will be provided transportation to and from school.

## Father's Information:

Name \_\_\_\_\_ E-mail: Work \_\_\_\_\_ Home \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_ Place of Employment \_\_\_\_\_

## Mother's Information:

Name \_\_\_\_\_ E-mail: Work \_\_\_\_\_ Home \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_ Place of Employment \_\_\_\_\_

Child Resides with: \_\_ Both Parents \_\_ Mother \_\_ Father \_\_ Other

Names and Grades of Siblings currently attending St. Hubert School:

\_\_\_\_\_

Members of St. Hubert Parish? YES or NO

If no, members of what parish? \_\_\_\_\_

Office Use Only: Date Received \_\_\_\_\_