



**ST CROIX CATHOLIC SCHOOL  
KINDERGARTEN REGISTRATION School Year 2015 – 2016**

To complete enrollment, please include with this form: copy of Birth Certificate, copy of Baptismal Certificate, \$125.00 New Student Fee; \$100.00 Pre-registration Fee. One check for \$225.00 can be made out to SCCS.

Student's Legal Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Does student go by a different name or nickname? \_\_\_\_\_

(Verf \_\_\_\_ ) Birthdate \_\_\_\_\_ Birthplace (City & State) \_\_\_\_\_

(Verf \_\_\_\_ ) Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Student's Address \_\_\_\_\_

Street City State Zip

Public School of Residence  Stillwater District 834, which school: \_\_\_\_\_

Other District, please list District and school: \_\_\_\_\_

Ethnicity: \_\_\_\_ White/Non-Hispanic \_\_\_\_ Hispanic/Latino \_\_\_\_ African American \_\_\_\_ Asian  
\_\_\_\_ Native American \_\_\_\_ Multiracial \_\_\_\_ Other \_\_\_\_\_

Student resides with (please circle): Both parents; Mother; Father; Mother/Stepfather;  
Father/Stepmother; 50% Mother/50% Father; Guardian; Other (If Other, please identify) \_\_\_\_\_

Student's Religion: \_\_\_\_\_

Previous School Experience: \_\_\_\_\_

I am requesting the following program: All Day \_\_\_\_\_ Half Day \_\_\_\_\_

Has your child had an Early Childhood Screening in your home school district?

Yes \_\_\_\_\_ No \_\_\_\_\_ What district? \_\_\_\_\_

(Screening is required for Minnesota residents. If your child has not had an early childhood screening or is not already scheduled for one, please contact your home school district for an appointment.)

Special Health Considerations: \_\_\_\_\_

Educational Concerns that the school should know about: \_\_\_\_\_

New Student Fee Rec'd: Amount \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Pre-registration Deposit Rec'd: Amount \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Mother/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Home Telephone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Parish/Church affiliation: \_\_\_\_\_

Step-Father: \_\_\_\_\_ List step-parent on correspondence? Yes No

Should we contact step-parent in an emergency: Yes No

If yes, Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Home Telephone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Parish/Church affiliation: \_\_\_\_\_

Step-Mother: \_\_\_\_\_ List step-parent on correspondence? Yes No

Should we contact step-parent in an emergency: Yes No

If yes, Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact** – Please provide the name and contact information of an individual who can be called in case of an emergency when parents/guardians are not available:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Younger Siblings:**

*Name*

*Age*

*Birthdate*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check *all* circumstances that apply:**

\_\_\_\_\_ Student has a sibling who is a student at SCCS;

\_\_\_\_\_ Student has a sibling who is a former student of SCCS.

\_\_\_\_\_ Student's parents/guardians are registered members of St. Michael's, St. Mary's, or St. Charles parish