



Pre-school Enrollment 2020-2021

Father or Guardian

Name _____
 Address _____
 City, Zip _____
 Cell Phone _____
 Home Phone _____
 Work Phone _____
 Email Address _____
 Employer _____

Mother or Guardian

Name _____
 Address _____
 City, Zip _____
 Cell Phone _____
 Home Phone _____
 Work Phone _____
 Email Address _____
 Employer _____

Which parent will be the FACTS customer? _____ Email for FACTS: _____

Stepmother's Name

Address _____
 City, Zip _____
 Cell Telephone _____
 Home Telephone _____
 Work Telephone _____
 Email Address _____
 Employer _____

Stepfather's Name

Address _____
 City, Zip _____
 Cell Telephone _____
 Home Telephone _____
 Work Telephone _____
 Email Address _____
 Employer _____

Student Information

	Student #1	Student #2	Student #3
First Name	_____	_____	_____
Middle Name	_____	_____	_____
Last Name	_____	_____	_____
Previous school or daycare	_____	_____	_____
Grade (2020-2021)	Pre-K3 ___ Pre-K4 ___	Pre-K3 ___ Pre-K4 ___	Pre-K3 ___ Pre-K4 ___
	Before School Care ___	Before School Care ___	Before School Care ___
	After School Care ___	After School Care ___	After School Care ___
Date of Birth	_____	_____	_____
Gender	_____	_____	_____
Ethnicity--Hispanic	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
**Race (see below)	_____	_____	_____
Allergies/Medications	_____	_____	_____
Baptized Catholic	Yes ___ Date ___	Yes ___ Date ___	Yes ___ Date ___

****Race: For Archdiocesan reporting purposes only, please choose from the following: Multiracial, White/Caucasian, Asian, Native Hawaiian/Pacific Islander, Native American/Native Alaskan, or Black/African American. Hispanic is not a race but an ethnicity.**

Family Name: _____ Total # of Children Enrolled: _____

Father's religion _____ Mother's religion _____

If Catholic, name of parish you attend _____

Child lives with: Both parents _____ Mother only _____ Father only _____
Mother & stepfather _____ Father & stepmother _____ Other _____

Check as applicable: Parents separated _____ Mother remarried _____ Mother deceased _____
Parents divorced _____ Father remarried _____ Father deceased _____

**Emergency Contact/Pick Up Information
(Other than parents)**

Name	Cell/Work/Home Phone	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Handbook and Internet

_____ We agree to abide by the policies and procedures as stated in the Parent/Student Handbook.
(Initial) A copy is available at sphilipnerschool.com or a paper copy may be purchased from the school office.

_____ We agree to abide by the school's Technology Agreement as stated in the Parent/Student Handbook.
(Initial) We understand that even with a web-filtering device in use, it is not possible for the school to guarantee that inappropriate materials may not be viewed by students.

Media Release

I give the Archdiocese of Oklahoma City permission to obtain and use quotations, photographs, video and audio footage of me and/or my child. I understand that these quotations, photographs, video and audio footage could be used in publications, print advertisements, direct-mail pieces, electronic media (including social media), or other promotional materials. I release the archdiocese and its designees from liability for any violation of any personal or proprietary rights I may have in connection with using these quotations, images or video.

Name of subject (print) _____
Signature of consent _____
Parent's signature (for children under age 18) _____
Print name _____
Date _____

1. Is a language **other than English** used in your home? Yes _____ No _____ If no, STOP.

If yes, what language? _____

Parent's signature Date Parent's signature Date

For office use only: Registration Fee Pd. Amt. _____ Check # _____ Date _____