

ALLERGIES/MEDICAL ALERT

Registration Date _____
Fee Paid _____

**ST. MARY STAR OF THE SEA PRESCHOOL
OCEANSIDE, CALIFORNIA
2017/2018 REGISTRATION FORM**

STUDENT'S NAME: LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY _____ ZIP _____

BIRTH DATE ____/____/____ BEST DAYTIME CONTACT PHONE # _____

FAMILY E-MAIL ADDRESS _____@_____

STUDENT BAPTIZED CATHOLIC YES/NO DATE _____

REGISTERED PARISH: ST. MARY STAR OF THE SEA ID# _____

REGISTERED WITH OTHER PARISH : _____

ETHNICITY (please circle): AMERICAN INDIAN, BLACK, ASIAN, HISPANIC,
CAUCASIAN, NATIVE HAWAIIAN/PACIFIC ISLANDER, MULTI-RACIAL,
OTHER _____ (OPTIONAL) (Used for Diocesan Statistical Information)

FATHER'S NAME _____ RANK IF MILITARY _____

OCCUPATION _____

BUSINESS NAME _____ BUS. PHONE _____

MARITAL STATUS _____ CELL # _____

MOTHER'S FULL NAME _____ RANK IF MILITARY _____

OCCUPATION _____

BUSINESS NAME _____ BUS. PHONE _____

MARITAL STATUS _____ CELL # _____

STEP-PARENT/GUARDIAN NAME _____ RANK IF MILITARY _____

OCCUPATION _____

BUSINESS NAME _____ BUS. PHONE _____

MARITAL STATUS _____ CELL # _____

OTHER FAMILY MEMBERS IN HOUSEHOLD:

