



**ST. MARY CATHEDRAL SCHOOL, GAYLORD, MICHIGAN
4-YEAR OLD PRE-KINDERGARTEN PROGRAM
2012-13 REGISTRATION FORM**

Session Preference <input type="checkbox"/> AM (8:00-11:00) <input type="checkbox"/> PM (11:50-2:50)
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PLEASE PRINT

Family Last Name: _____ Children's Last Name: _____
(if different than family name)

Father: Mr. Dr. _____ Mother: Ms. Mrs. Dr. _____
(include maiden and married name)

Child lives with: Both parents Mother Father Guardian

Guardian (if applicable): _____ Relationship to student: _____

Physical Address: _____
(Street) (City) (Zip Code)

Mailing Address: _____
(Street-if different or PO Box) (City) (Zip Code)

Would you like to be included in the school family directory? YES NO

Home Telephone: _____ School District: _____

Dad's email: _____ Mom's email: _____

Work Place: _____
(Father's place of work & telephone) (Mother's place of work & telephone)

Father's Cell Phone: _____ Mother's Cell Phone: _____

Religion: _____ Parish: _____

(**IMPORTANT** - Please provide two names, other than parents for *emergency contact*)

Name: _____ Relation: _____ Telephone: _____

Name: _____ Relation: _____ Telephone: _____

Children attending St. Mary Cathedral School in 2012-13 will be as follows:

Legal Student Name	Grade in September	Date of Birth	Baptized Catholic
_____	Pre-K	_____	Yes / No
_____	Pre-K	_____	Yes / No
_____	Pre-K	_____	Yes / No

(Parent/Guardian Signature)

RETURN FORM ALONG WITH THE REGISTRATION FEE OF \$100.00 TO:

St. Mary Cathedral School
Attn: School Registration
321 N. Otsego Avenue
Gaylord, MI 49735-1999

Office use:		
Date received: _____	Tuition Amount: \$ _____	Tuition Payment: \$ _____
Registration fee: \$ _____	Tuition Balance: \$ _____	Cash or check# _____