



## St. Timothy Catholic School Kindergarten 2024-2025 Registration Form

**Kindergarten 2024-2025:** \_\_\_\_\_ Registered/Active Parishioner: \_\_\_\_\_ Family ID#: \_\_\_\_\_ **or** Out of Parish: \_\_\_\_\_

### Student Information

Student Name: \_\_\_\_\_  
Last First Middle

Name your child goes by \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Religion: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State Zip

Baptism Date: \_\_\_\_\_  
Church City State Zip

**Student lives with** (please circle): Both Parents Mother Father Guardian Other

Step-parent name: \_\_\_\_\_ Custodial Parent Name: \_\_\_\_\_

### Family Information - Mother

Mother's Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip

Primary Email Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status (please circle): Married Single Divorced Separated Remarried

### Family Information - Father

Father's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Primary Email Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status (please circle): Married Single Divorced Separated Remarried