



ST. STANISLAUS KOSTKA SCHOOL  
Adams, Massachusetts

# Kindergarten Registration Form

\$75 Reg. Fee \_\_\_\_\_

*Surrounded by love, our children grow . .*

Students must be five years old and potty-trained on or before August 31<sup>st</sup> of the school year in which they are enrolling.

Date of Application \_\_\_\_\_

Student's Name \_\_\_\_\_ Circle M / F  
First Middle Last

Home Address \_\_\_\_\_ Tel. # \_\_\_\_\_  
Street City ZIP

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race/Ethnicity: African American Asian Hispanic Latino Native American White

Father \_\_\_\_\_ Occupation \_\_\_\_\_  
First Last

Cell# \_\_\_\_\_ Work# \_\_\_\_\_ e-mail \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_  
First Maiden

Cell# \_\_\_\_\_ Work # \_\_\_\_\_ e-mail \_\_\_\_\_

Child lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Child is: Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Baptized: yes \_\_\_\_\_ no \_\_\_\_\_

Parents are registered members of \_\_\_\_\_  
Name of Church City/Town

We request that our child's name be submitted to our pastor for financial sponsorship. **Yes No**

My child is insured by: \_\_\_\_\_ Not insured: \_\_\_\_\_  
Name of Insurance Provider

My child has attended a Pre-school program. **Yes No** If yes, \_\_\_\_\_  
Name of Pre-school

If child has special needs, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individual(s) responsible for payment of tuition:  
\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_