



ST. STANISLAUS KOSTKA SCHOOL
Adams, Massachusetts

Pre-School Registration Form

\$50 Reg. Fee _____

Surrounded by love, our children grow . . .

Date of Application _____

Please note: All pre-school offerings are dependent on enrollment. All applicants must be potty-trained.

Kindly check the program you wish for your child: Use child's age as of next September 1.

3 year-old program: _____ Tue. & Thurs. 8:30 – 11:00

4 year-old programs: _____ Mon-Wed-Fri 8:30 – 11:00 _____ Mon-Fri 8:30 – 11:00

_____ Mon-Wed-Fri 8:30 - 3:00 _____ Mon-Fri 8:30 – 3:00

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

My child is insured by: _____ Not insured: _____
Name of Insurance Provider

Early childhood Intervention Services: yes _____ no _____

If yes, please explain. _____

Individual(s) responsible for payment of tuition: _____ Date _____
_____ Date _____