

Saint Mary Catholic School

Building the Faith, One Student at a Time

40 Spring Mount Road
Schwenksville, PA 19473
Phone: 610-287-7757 Fax: 610-287-2562
www.smsk-8.org

Student Information

Name: _____ Circle one: Male Female
Last First Middle
Date of Birth: _____ Place of Birth: _____ Social Security Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Public School District: _____ Previous School: _____
Start Date: _____ Ethnicity: _____ Caucasian _____ African American
_____ Hispanic _____ Asian or Pacific Islander
_____ American Indian _____ Other (_____)

Grade Selection

Register for Grade: K—AM K—Full Day 1st 2nd 3rd 4th 5th 6th 7th 8th

Preschool Program Selection

- | | |
|--|--|
| <input type="checkbox"/> 4 Year Old—Monday—Friday 9am to 11:30am | <input type="checkbox"/> 3 Year Old— Tuesday & Thursday 9am to 11:30am |
| <input type="checkbox"/> 4 Year Old—Monday—Friday 9am to 3:00pm | <input type="checkbox"/> 3 Year Old— Tuesday & Thursday 9am to 3:00pm |
| <input type="checkbox"/> 4 Year Old—Monday, Wednesday, Friday 9am to 11:30am | |
| <input type="checkbox"/> 4 Year Old—Monday, Wednesday, Friday 9am to 3:00pm | |

PLEASE NOTE: Students **MUST** be 4 years old by September 1st.

PLEASE NOTE: Students **MUST** be 3 years old by September 1st.

Religious Information

Religion: _____ Parish Registered In: _____

Baptism

Date: _____ Church: _____ Address: _____

Baptized: _____ Roman Catholic _Other (What religion?) _____

First Reconciliation

Date: _____ Church: _____ Address: _____

First Eucharist

Date: _____ Church: _____ Address: _____

Confirmation

Date: _____ Church: _____ Address: _____

Living Situation

Student Primarily Lives With: _____ Father _____ Mother _____ Other
(Check All That Apply) _____ Stepfather _____ Stepmother
_____ Grandparents _____ Guardian

Parent Information

MOTHER: Name: _____
Last First Maiden

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____ E-mail: _____

Religion: _____ Place of Birth: _____ Ethnicity: _____

Marital Status— Single Married Separated Divorced Remarried Spouse Deceased

Employer: _____ Occupation: _____

FATHER: Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____ E-mail: _____

Religion: _____ Place of Birth: _____ Ethnicity: _____

Marital Status— Single Married Separated Divorced Remarried Spouse Deceased

Employer: _____ Occupation: _____

Guardian Information

GUARDIAN: Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____ E-mail: _____

Religion: _____ Place of Birth: _____ Ethnicity: _____

Relationship to the Student: _____

Employer: _____ Occupation: _____

School Registration Fee: One Child \$75 Family \$150

Office use: Date Paid: _____ Amount: _____ Check # _____ Cash Receipt Given _____

Preschool Registration Fee: One Child \$75 Family \$150

Office use: Date Paid: _____ Amount: _____ Check # _____ Cash Receipt Given _____