

School Year \_\_\_\_\_

Grade K, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>,

### St. Michael's Lakeside School- Registration Form

Child's Last Name                      First                      Middle                      Child's Preferred Name

Address    Zip Code                      Phone

Date of Birth    City, County, and State of Birth

Father's Name    Religion

Father's Employer    Work Phone

Mother's Name (include maiden name)    Religion

Mother's Employer    Work Phone

Family Church: St. Michael's Church \_\_\_\_\_ Other: \_\_\_\_\_

Parents are    married \_\_\_\_\_                      separated \_\_\_\_\_                      divorced \_\_\_\_\_                      deceased \_\_\_\_\_

Legal Guardian if other than parents                      Home Phone                      Work Number

SIBLING NAMES	DATE OF BIRTH	MALE/FEMALE

Does your child have any medical needs, allergies, or food intolerance? (circle one) Yes or No  
If yes, state type: \_\_\_\_\_  
Describe your child's personality, likes, dislikes, fears,.... \_\_\_\_\_

What expectations do you have for your child's school experience? \_\_\_\_\_

Why do you want to enroll your child in St. Michael's Lakeside School? \_\_\_\_\_

**A non-refundable registration fee of \$100.00 (per family) must accompany each child's completed application.**

If registering for **Kindergarten**, indicate session preference:  
(CIRCLE ONE)    Morning                      All Day

**Copy of Birth Certificate and Baptismal Certificate Required**  
(County, not hospital one)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_