



Saint Anthony School

30 Pleasant Street
Bristol, CT 06010
p: 860.582.7874
f: 860.582.2440
stanthonysschoolct.org

Registration Form Pre-Kindergarten 2010-2011

Date: _____

Student Information:

Last Name First Name Middle Name

Address: _____
Street City, State Zip Code

Home Phone: _____

Date of Birth: _____ Birthplace: _____
City, State

Ethnic Origin (please circle): Caucasian American Indian Asian African-American Hispanic Hawaiian/Pacific Islander
Multi-Racial Other: _____

Parish: _____ Catholic: _____ Non-Catholic: _____
(If no parish is specified, you will be charged at the Non-Catholic tuition rate.)

If a Bristol resident, will the student require bus transportation? Yes: _____ No: _____

Student is being registered for: Pre-K 3: _____ Pre-K 4: _____

Please indicate the daily schedule you are seeking for your child: 2 half days: _____ 3 half days: _____ 5 half days: _____
3 full days: _____ 5 full days: _____

Parent/Guardian Information:

FATHER

Last Name First Name Middle Name

Address: _____
Street City, State Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Employer: _____ Occupation: _____

Email Address: _____

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

Religion: _____ Parish (if applicable): _____

MOTHER

Last Name First Name Middle Name

Address: _____
Street City, State Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Employer: _____ Occupation: _____

Email Address: _____

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

Religion: _____ Parish (if applicable): _____

Student Residence:

Student resides with (please circle all that apply):

Father Mother Step-Father Step-Mother Grandparents Other Guardian(s): _____

Sacraments:

Date of Baptism: _____ Church: _____ City, State: _____

Educational History: Schools Previously Attended

School Name	City, State	Grade(s) Attended	Date Entered	Date Withdrawn

If the student has previously received any special services, such as Speech, L.D., Social Work, or Intensive Reading, please indicate below:

If your child is transferring from another school, please complete and return the **Release of Records Form** included in this packet. Immunization records should be sent to St. Anthony School prior to your child's first day of school. By registering my child for attendance at Saint Anthony School, I/we agree to abide by all policies outlined in the Parent/Student handbook, including, but not limited to tuition payment, behavior, and dress code. This information is available online and subject to change with notice given to the parents. I/we agree to pay the registration, activity, and fundraising fees as well as tuition on time. I/we agree to submit all additional paperwork on time which will be received after acceptance. I/we understand that it is our responsibility to set-up tuition management if need be and to apply for financial assistance on time.

Parent/Guardian: _____ Signature: _____