PreK Registration

Child must be 4 years old by September 1st

Mother Brunner Catholic School
4870 Denlinger Road, Dayton, Ohio 45426
Phone: 937.277.2291 Fax: 937.277.2217
www.brunnercatholicschool.org

Student's Information:

Legal Name: _____
Last First Middle Nickname

Address_____
Street City State Zip

Gender: ○ Male or ○ Female Birth date: _____Place of Birth _____
Month – Day – Year City & State

Ethnic Background: *(Optional)* ○ African-American ○ Caucasian ○ American Indian/Alaskan Native ○Asian ○ Hispanic ○ Multi-Racial ○ Pacific Islander ○ Other

Public School District of Residence_____

Student resides with: ○ Mother & Father ○ Mother only ○ Father only ○ Mother & Stepfather ○ Father & Stepmother ○ Guardian ○ Other (_____)

Who has legal custody of this Student? _____

Is there a court order regarding this student: ○Yes ○ No ***If yes, copy must be provided to the school***.

Name of Mother\Guardian: _____ Religion_____
□ Mother □ Stepmother □ Guardian □ Deceased □ Other Marital Status: _____

Address _____
City State Zip

Primary Phone # _____Alternative phone #: _____email address_____

Occupation: _____ Place of Employment: _____ Work Phone # _____

Name of Father\Guardian: _____Religion_____
□ Father □ Stepfather □ Guardian □ Deceased □ Other Marital Status: _____

Address_____
City State Zip

Primary Phone #_____Alternative phone #: _____email address_____

Occupation: _____ Place of Employment: _____ Work Phone # _____

Religious Affiliation: Catholic: ○Yes ○ No Non Catholic: ○Yes ○ No

What Church is the family a member? _____

Siblings:

Names and ages of brother(s)/ sister(s) in Mother Brunner Catholic School: _____

_____

SIGNATURE _____ ***DATE*** _____
Parent/Guardian that completed this form