

ST. BASIL THE GREAT SCHOOL

2010 - 2011

REGISTRATION

CHILD'S NAME: _____ PARISH: _____
LAST FIRST MIDDLE GRADE: _____ SEX: _____

DATE OF BIRTH: _____ CITY OF BIRTH: _____
Half or-Full-day: _____ (Pre-K and K)

ADDRESS: _____ ZIP CODE: _____
TOWNSHIP: _____

FAMILY EMAIL: _____

HOME PHONE: _____ SOCIAL SECURITY NO: _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE: (CIRCLE ONE)

DOWNINGTOWN GREAT VALLEY O J ROBERTS PHOENIXVILLE OTHER: _____

PARENT INFORMATION

____ MARRIED _____ SEPARATED _____ DIVORCED _____ REMARRIED

FULL NAME OF FATHER: _____
____ Check if deceased RELIGION: _____ COUNTRY OF BIRTH: _____

FATHER'S OCCUPATION: _____ HOME PHONE: _____
WORK ADDRESS: _____ WORK PHONE: _____
EMAIL: _____ CELL PHONE: _____

FULL NAME OF MOTHER (MAIDEN): _____
____ Check if deceased RELIGION: _____ COUNTRY OF BIRTH: _____

MOTHER'S OCCUPATION: _____ HOME PHONE: _____

WORK ADDRESS: _____ WORK PHONE: _____
EMAIL: _____ CELL PHONE: _____

FULL NAME OF STEP PARENT(S): _____
FULL NAME OF GUARDIAN(S): _____

ADDITIONAL INFORMATION

NEW REGISTRATIONS ONLY	DATE	CHURCH	CITY	STATE
BAPTISM:	_____	_____	_____	_____
PENANCE:	_____	_____	_____	_____
HOLY EUCHARIST:	_____	_____	_____	_____
CONFIRMATION:	_____	_____	_____	_____

LAST SCHOOL ATTENDED: (if applicable): _____

C.A.R.E.S. PROGRAM: STUDENT NAME: _____ GRADE: _____
STUDENT NAME: _____ GRADE: _____
STUDENT NAME: _____ GRADE: _____

____ 5-DAY _____ 3-DAY _____ DROP-IN

A NON REFUNDABLE FEE OF \$25.00 PER STUDENT IS REQUIRED FOR CARES PROGRAM

2330 Kimberton * Road, P.O. Box 858 * Kimberton, PA 19442 * 610-933-2453