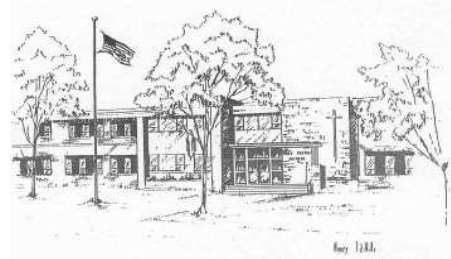




Holy Family School

1204 Fisk Street
Green Bay, WI 54304
Phone: (920)494-1931
Fax: (920)494-4942
<http://www.stagnesgreenbay.org/holyfamily.php>



4K Registration

Date _____

Child's Name _____ Boy _____ Girl _____
(Last) (First, Baptismal) (Middle)

Address _____ Zip _____ Phone _____

Date of Birth _____ Place of Birth _____
(Mo/Day/Yr) (City) (State)

Race _____

Father or Guardian _____
(Last) (First) (Middle)

Address (If different from above) _____

Occupation of Father or Guardian _____ Religion _____

Mother _____
(Last) (First) (Middle)

Address (If different from above) _____

Occupation of Mother _____ Religion _____

Children: Total Boys () Total Girls () No. Older () No. Younger ()

Is your child toilet trained? _____ Yes _____ No

Choice of 4K Program: _____ all day 8:25am-3:20pm (M-F)
Please mark first choice, _____ all day 8:25am-3:20pm (M, W, F)
second choice, third choice. _____ mornings 8:25am-11:45am (M-F)
_____ mornings 8:25am-11:45am (M, W, F)

Office Use Only

Reg. Fee _____

Immun. Form _____

Emergency Card _____