



# Holy Family School

1204 Fisk Street  
Green Bay, WI 54304  
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<http://www.stagnesgreenbay.org/holyfamily.php>



## EARLY CHILDHOOD (3 Year Olds) 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

Early Childhood Program: \_\_\_\_\_ 3 year olds T/TH (\$685)

Office Use Only	
Reg. Fee	_____
Immun. Form	_____
Emergency Card	_____