

**Bishop John King Mussio Central Elementary School**  
**Preschool Registration Form**

3 year old (by August 1) is 5 days per week     7:45am-2:40pm or  7:45am -11:00am or  11:30am-2:40pm  
 4 year old (by August 1) is 5 days per week     7:45am-2:40pm    \*limited space available for both ½ day

Student Name \_\_\_\_\_

(Last) (First) (Middle)

Address \_\_\_\_\_

(Street) (City) (State) (Zip Code)

Home Phone Number \_\_\_\_\_ Family E-Mail Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Social Security Number \_\_\_\_\_

Religion \_\_\_\_\_ Student's Parish \_\_\_\_\_

**Sacraments Received:**

Baptism (Church) \_\_\_\_\_ (City & State) \_\_\_\_\_ (Date) \_\_\_\_\_

First Communion (Church) \_\_\_\_\_ (City & State) \_\_\_\_\_ (Date) \_\_\_\_\_

Confirmation (Church) \_\_\_\_\_ (City & State) \_\_\_\_\_ (Date) \_\_\_\_\_

Public School **District** in which student resides \_\_\_\_\_

Name of Public School **Building** nearest student's home address \_\_\_\_\_

**ETHNIC GROUP** (Please select only one)

*American Indian/Alaskan Native* (person having origins in any of original peoples of N America and maintains cultural identification through tribal affiliation or community recognition)

*Asian* (person having origins in any one of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)

*Hispanic* (persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

*Black, not Hispanic origin* (a person having origins in any of the Black racial groups of Africa)

*Native Hawaiian/Other Pacific Islander* (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island)

*Multiracial* (a person having origins in two or more racial/ethnic categories)

*White, not Hispanic origin* (a person having origins in any of the original peoples of Europe, North Africa or the Middle East)

School Previously Attended \_\_\_\_\_ Dates \_\_\_\_\_ Grade Completed \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

(Last) (First) (Title)

Religion \_\_\_\_\_ Parish \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

(Last) (First) (Title) (Maiden)

Religion \_\_\_\_\_ Parish \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Whom does student live with? (Please circle): Mother & Father, Mother only, Mother and Stepfather, Father only, Father & Stepmother, Guardian

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Copies needed for complete registration:**

Official Birth Certificate

Social Security Card

Baptism Certificate

Immunization Record

\$40 Registration Fee for new families to BJKM

(Over please)

Sibling Information (Please list all siblings in the family)

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following information must be provided if the enrolling student **lives with** a guardian or stepparent:

Stepparent  
Name \_\_\_\_\_  
(Last) (First)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian  
Name \_\_\_\_\_  
(Last) (First)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_