Bishop John King Mussio Central Elementary School
Preschool Registration Form

___3 year old (by August 1) *is 5 **days** per week* _____ I am interested in a half day program _____
___4 year old (by August 1) is *5 **days** per week* _____

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

_____$50 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_____

Bishop John King Mussio Central Elementary School

Preschool Health Record

Child's Name_____ M____ F____

Date of Birth_____

_____ _____

Signature Physician/Physicians Assistant/Advanced Practice Nurse (circle one) Date of Exam

Address: Phone:

PAST MEDICAL HISTORY

Hospitalizations_____

Surgeries_____

Chicken Pox YES NO Date _____

Seizure Disorder (please circle) YES NO if yes, please explain_____

CURRENT MEDICAL HISTORY

Asthma YES NO Medications_____ Inhalers_____

Allergies_____ What type of reaction_____

Bee Stings_____ What type of reaction_____

Current Health Conditions_____

Current Medications _____

Prescribed medication that needs administered during school requires a form to be completed by the physician

Frequent Colds YES NO

Frequent Sore Throats YES NO

Hearing Difficulties YES NO

Vision Difficulties YES NO

Frequent Ear Infections YES NO

Frequent Stomach Aches YES NO

Speech Problems YES NO

Wear Glasses YES NO

Name of Eye Specialist_____ Date of Last Exam _____

Physical limitations_____

PLEASE ATTACH IMMUNIZATION RECORD TO THE BACK OF THIS FORM