

Holy Cross School  
10672 County Road 8  
Kimball, MN 55353  
(320) 398-7885

## KINDERGARTEN REGISTRATION FORM 2010 - 2011

Name of Child \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Baptism \_\_\_\_\_

Telephone # \_\_\_\_\_ Place of Baptism \_\_\_\_\_

(If your child was NOT baptized at Holy Cross, you will need to provide us with a copy of the Baptismal Certificate for our files.)

Name: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

(At work)

(At work)

Religion \_\_\_\_\_

Parish Membership \_\_\_\_\_

Marital Status \_\_\_\_\_

Number of Children in Family \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_

List other children registered in Holy Cross School.

Name	Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Will your child be riding a bus? Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_ (walk, bike, etc..)

Resident of School district # \_\_\_\_\_

Day Care Provider ( if known at this time) \_\_\_\_\_

Has your child had a Pre-School screening prior to Kindergarten? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate where this was done, so we may obtain it for our files: