



Surrounded by love, our children grow . . .

Preschool Registration

Please **PRINT** all information legibly.

Date of Application _____ \$50 Registration Fee _____

Please check one: 4 year old program _____ OR 3 year old program _____

Child's Name _____ Circle: M / F

Address _____ Tel. # _____
Street City ZIP

Date of Birth _____ Birthplace _____

Father _____
Family Name First Occupation

Place of Employment _____ Work Phone # _____
Cell Phone # _____

Mother _____
Maiden Name First Occupation

Place of Employment _____ Work Phone # _____
Cell Phone # _____

Child lives with: Both Parents _____ Mother _____ Father _____
Other _____
Relationship

My child is fully insured by: _____
Name of Insurance Provider

My child is not insured _____

Enrollment Contract

I, the undersigned, am enrolling this child.

Signature _____ Date _____

The signer of this document is asked to **print his/her name on the line below.**

Name _____

Massachusetts School Immunization Requirements

| | Preschool | Kindergarten |
|-------------|--------------|--|
| Hepatitis B | 3 doses | 3 doses |
| DTaP/DTP | 4 doses | 5 doses |
| Polio | 3 doses | 4 doses |
| Hib | 1 to 4 doses | N/A |
| MMR | 1 dose | 2 doses measles 1 mumps 1 rubella |
| Varicella | 1 dose | 1 dose |

The school requires a copy of your child's latest physical examination prior to date of entry. You may request your pediatrician's office to mail a copy to

St. Stanislaus Kostka School
Health Office
108 Summer Street
Adams, MA 01220

The school also requires a copy of your child's *Birth Certificate*.



ST. STANISLAUS KOSTKA SCHOOL
Adams, Massachusetts



Kindergarten Registration

Please **PRINT** all information legibly.

Date of Application _____ \$75 Registration Fee _____

Child's Name _____ Circle: M / F

Address _____ Tel. # _____
Street City ZIP

Date of Birth _____ Birthplace _____

Father _____
Family Name First Occupation

Place of Employment _____ Work Phone # _____
Cell Phone # _____

Mother _____
Maiden Name First Occupation

Place of Employment _____ Work Phone # _____
Cell Phone # _____

Child lives with: Both Parents _____ Mother _____ Father _____
Other _____
Relationship

Parents are members of _____
Name of Church City / Town

We request that our child's name be submitted to our pastor for sponsorship. YES NO

My child is fully insured by: _____
Name of Insurance Provider

My child is not insured _____

Attended Preschool at _____

Enrollment Contract

I, the undersigned, am enrolling this child.

Signature _____ Date _____

The signer of this document is asked to **print his/her name on the line below.**

Name _____