



PRE KINDER REGISTRATION FORM

2018-2019

FAMILY LAST NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 Street City/State Zip Code

Are you a registered member of Mother Seton Parish?  YES  NO If **NOT**, and would like to register, **please complete the attached Parish Registration form.**

FATHER'S FULL NAME: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

If you are Catholic, please check the Catholic sacraments you have received:  Baptism  Eucharist  Confirmation  Marriage

MOTHER'S FULL NAME: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

If you are Catholic, please check the Catholic sacraments you have received:  Baptism  Eucharist  Confirmation  Marriage

STUDENT FULL NAME	Date of Birth	Age	Gender		Is the Child Baptized?
			M	F	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

This program is for 3-5 year olds, who are potty trained and have NOT gone to kindergarten

- Please indicate which day you would prefer for your child to attend to the program (**ONLY ONE**)
- 4<sup>th</sup> Tuesday** of the month 9:00 AM – 11:00 AM **(this is a co-op format for children while parent session takes place in another room.)**
  - 2<sup>nd</sup> Sunday** of the month during 9:00 AM Mass
  - 2<sup>nd</sup> Sunday** of the month during 10:45 AM Mass

Child(ren) lives with: \_\_\_\_\_ Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only

Other (Please explain) \_\_\_\_\_

Does your child(ren) have any medical concerns or food allergies?

No  Yes If yes, please explain: \_\_\_\_\_

Does your child(ren) have any special learning disabilities?  No  Yes If yes, please explain: \_\_\_\_\_

### EMERGENCY CONTACT

1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### MEDICAL RELEASE AUTHORIZATION

In the event of an emergency, I authorize the staff of Mother Seton Parish and/or the nearest medical facility to administer immediate medical attention to my child(ren) if necessary and only if unable to contact me.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

### REGISTRATION FEES:

**Tuition: \$50.00 per kid**

***PAYMENT PLANS OFFERED***

### OFFICE USE ONLY

Fee Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ CC \_\_\_\_\_

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Permission is hereby granted to Mother Seton to use the photographs of and/or quotations from my son/daughter to assist in community awareness, educational efforts, and related public relations efforts that may include brochures, posters, website, and print media.

I am the legal parent or guardian of the child(ren) and I certify that the information contained on this form is correct:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



MOTHER SETON  
CATHOLIC CHURCH

19951 Father Hurley Blvd. Germantown, Md. 20874  
[www.mothersetonparish.org](http://www.mothersetonparish.org) - 301-924-3838

Registration and Census

Please Print

New Registration  Update/Correction Date: \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<b>Head of Household:</b>				
Title (Mr., Mrs., Miss, Ms., or Dr.)	First Name	Initial	Last Name	Jr./Sr./etc.
Marital Status (please circle one): Married Single Divorced Widowed				
Type of Household: Adults/Children Adults/No Children One Adult Single Parent Other _____				
Date of Birth:		Occupation:		
Gender (circle one) : Male Female Race or Origin* (Optional):				
Work Phone:		Email:		
Religion (circle one): Catholic - Yes/No Other		Baptized? Yes/No Confirmed? Yes/No		
Married by a Priest? (please circle one): Yes No Date: Place:				

<b>Spouse:</b>				
Title (Mr., Mrs., Miss, Ms., or Dr.)	First Name	Initial	Last Name	Jr./Sr./etc.
Date of Birth:		Occupation:		
Gender (circle one): Male Female Race or Origin* (Optional):				
Work Phone:		Email:		
Religion (circle one): Catholic - Yes/No Other		Baptized? Yes/No Confirmed? Yes/No		
Married by a Priest? (please circle one): Yes No Date: Place:				

**Children/Others in the Household**

Name:	Gender: M/ F	Birth Date:	Baptized?	Confirmed?	Relationship:

Office Use Only: PS _____ Envelope # _____ Envelopes Mailed _____ Letter _____
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Revised: 5/24/2018

\*Key for Race or Origin: W- White, not Hispanic B - Black or African American AC - African (Continent)  
 H - Hispanic A - Asian P - Pacific Islander M - Mixed N - Not Specified Other (s) - Please Specify \_\_\_\_\_  
 Race or Origin information is provided voluntarily and only to be used for the pastoral use of the Archdiocese of Washington.