



187 Wyckoff Avenue  
Ramsey, NJ 07446  
201-327-1108  
FAX 201-236-1318

**LITTLE SHEPHERD PRE-K 3 YEAR OLD  
REGISTRATION FORM – 2010/11**

**SESSION:** Monday-Friday – 8:30 am to 11:00 am (5 half days) \_\_\_\_\_  
Monday-Friday – 8:30 am to 2:30 pm (5 full days) \_\_\_\_\_  
Monday, Wednesday, Friday – 8:30 am to 11:00 am (3 half days) \_\_\_\_\_  
Monday, Wednesday, Friday – 8:30 am to 2:30 pm (3 full days) \_\_\_\_\_  
Tuesday, Thursday – 8:30 am to 11:00 am (2 half days) \_\_\_\_\_

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Date of Birth: \_\_\_\_\_ (Must be 3 before October 1.)  
(Birth Certificate Required) Place of Birth \_\_\_\_\_  
I certify that my child is toilet trained. \_\_\_\_\_ Yes \_\_\_\_\_ No

**PARENT INFORMATION:**

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed  
**Father's Name:** \_\_\_\_\_  
(Last) (First)  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Mother's Name :** \_\_\_\_\_  
(Last) (Maiden) (First)  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_  
Number of Children in Family: \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Number attending St. Paul's \_\_\_\_\_  
Check Parish Affiliation: \_\_\_\_\_ St. Paul, Ramsey  
\_\_\_\_\_ Presentation, USR  
\_\_\_\_\_ Immaculate Conception, Mahwah  
\_\_\_\_\_ Immaculate Heart of Mary, Mahwah  
\_\_\_\_\_ Non-Parishioner

**CENSUS INFORMATION:**

Child's Ethnic Heritage: \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Multi-Racial \_\_\_\_\_ White  
\_\_\_\_\_ Native Alaskan/American Indian  
\_\_\_\_\_ Native Hawaiian/Pacific Islander

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_

If baptized, certificate is required.

**\*A completed Health Form must be submitted between June 1 and September 1 before entrance to St. Paul School.**

**Checklist for Submission:**

Application Form \_\_\_\_\_  
Registration Fee \_\_\_\_\_  
**(Non Refundable)**  
Birth Certificate \_\_\_\_\_  
Baptismal Certificate \_\_\_\_\_  
Health Form\* \_\_\_\_\_