

**Shakopee Area Catholic School
Pre-Registration Form**

Father's Name _____ Home Phone _____
Address _____
City _____ State _____ Zip _____

Mother's Name _____ Home Phone _____
Address _____
City _____ State _____ Zip _____

(Alternate contact such as grandparent/phone #/name) _____

Person who is Pre-registering child _____

We are currently a registered Member of _____ Church

Name of child _____
Birth date _____

Anticipated year they will enter kindergarten _____

\$50 Pre-Registration Fee Received _____ (Check # if applicable)

Receipt given to parent/guardian Yes _____

*****Office Use Only*****

Date Received _____

Person who received _____

Number of this child in class rank on master database _____

If withdrawn, date withdrawn _____

Person who withdrew child (parent/guardian) _____

Staff person who took child off the master list/date _____