

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

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(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)  
**This fee is non refundable!**

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If withdrawn, date withdrawn \_\_\_\_\_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 \_\_\_\_\_