



St. Vincent de Paul Catholic School

Preschool through 6th grade

1015 Columbia St. NE, Salem, Oregon 97301

Phone: (503) 363-8457 FAX: (503) 363-1516

E-MAIL: st.vincent@comcast.net

Registration Form

Name of Child:		Nickname:	
Birth date: ____ ____ ____		Male	Female
Age as of September 1, _____			
<i>(Please provide copy of birth certificate and immunization record if not already on file in school office)</i>			
Grade level in September <input type="checkbox"/> Preschool <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th			
If enrolling in Preschool, please indicate class			
<input type="checkbox"/> Preschool: 2 days T & Th 8:15 a.m.-11:15 a.m. <input type="checkbox"/> Preschool: 3 days M-W-F 8:15 am-11:15 am			
Previous School Attended			
<i>How did you learn about our school?</i>			
Parent(s) or Guardian(s) with whom child resides			
Name		Religion	Relationship
Home Address		Phone	
Employer	Hours From	To	Phone
Work Address			
Name		Religion	Relationship
Home Address		Phone	
Employer	Hours From	To	Phone
Are you a registered and contributing parishioner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, which parish:			
Sacraments received by the student: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation			
<i>(Please provide copy of Baptism certificate, if not yet in school office)</i>			
Check here if you tentatively plan to use our extended care program on a regular basis.			
<input type="checkbox"/> Before school <input type="checkbox"/> After school			
Signature of parent or guardian			Date:
Office Use Only	In Parish _____ Paid in	Out of Parish _____ Cash	Reg. Fee \$ _____ Check# _____