GREATER WOONSOCKET *Catholic* REGIONAL SCHOOL SYSTEM

1210 Mendon Rd., Woonsocket, Rhode Island 02895 • 401-762-1095

APPLICATION / REGISTRATION FORM

OFFICE USE ONLY
Non-Refundable Registration Fee
Received by _____ Date _____
Amount _____ Cash Check # _____

STUDENT'S NAME _____
❑ MALE ❑ FEMALE LAST FIRST MIDDLE

ADDRESS _____
NO. AND STREET CITY STATE ZIP

PHONE (_____) _____ **PARISH** _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____ **RELIGION** _____
MONTH/DAY/YEAR CITY,STATE,ZIP

BAPTISM _____
CHURCH CITY,STATE,ZIP MONTH/DAY/YEAR

FIRST COMMUNION _____
CHURCH CITY,STATE,ZIP MONTH/DAY/YEAR

CURRENT SCHOOL _____ **GRADE** _____

SCHOOL ENTERING _____ **ENTERING GRADE** _____

TO ENTER KINDERGARTEN a Child must be FIVE (5) YEARS of age ON OR BEFORE SEPTEMBER 1st. To ENTER GRADE ONE (1) a Child must be SIX (6) YEARS of age ON OR BEFORE SEPTEMBER 1st

For Pre-Kindergarten Only ❑ Three Year Old Program ❑ Four Year Old Program ❑ Full Day ❑ Half Day

❑ Monday, Wednesday, Friday ❑ Tuesday & Thursday ❑ Monday, Tuesday, Wednesday, Thursday, Friday

TO ENTER THE PRE-KINDERGARTEN PROGRAM FOR THREE YEARS OLDS, a Child must be THREE (3) YEARS of age ON OR BEFORE SEPTEMBER 1st
TO ENTER THE PRE-KINDERGARTEN PROGRAM FOR FOUR YEARS OLDS, a Child must be Four (4) YEARS of age ON OR BEFORE SEPTEMBER 1st

IS CHILD CURRENTLY RECEIVING SPECIAL SERVICES? _____

PARENT INFORMATION ❑ **Father** ❑ **Guardian** ❑ **Alumnus** ❑ **Mother** ❑ **Guardian** ❑ **Alumna**

FULL NAME _____ FULL NAME _____
Mr. Dr. Etc LAST FIRST MIDDLE Mr. Dr. Etc. LAST FIRST MAIDEN

Occupation _____ _____

Employer _____ _____

Work Address _____ _____

E-mail Address _____ _____

Work/Cell Phone _____ _____

Check appropriate boxes ❑ Father Deceased ❑ Mother Deceased ❑ Parents Divorced ❑ Parents Separated ❑ Father Remarried ❑ Mother Remarried

With whom does the child live? ❑ Both Parents ❑ Father ❑ Mother ❑ Other

Special circumstances regarding custody, separation, visitation? Y_____ N _____

A copy of all custody documents MUST be submitted prior to the start of school. Divorced or separated parents must provide a court certified copy of the custody section of the divorce/separation decree to the Principal's Office. The school will not be held responsible for failing to honor agreements that have not been made known.

EMERGENCY CONTACTS IF PARENT/GUARDIAN CANNOT BE REACHED

Name_____ Phone (_____) _____ Relationship to Child _____

Name_____ Phone (_____) _____ Relationship to Child _____

AUTHORIZED TO PICK UP

Name_____ Phone (_____) _____ Relationship to Child _____

Name_____ Phone (_____) _____ Relationship to Child _____

Name_____ Phone (_____) _____ Relationship to Child _____

Name_____ Phone (_____) _____ Relationship to Child _____

We understand that admission to the Greater Woonsocket Catholic Regional School is a privilege and not a right, and we agree to abide by rules and regulations of the school, and to honor all our financial obligations including the payment of attorney's fees should collection action be necessary. We also agree allow the use of photographs and videos of our children who are students of the GWCRS System for appropriate marketing and public relations purposes. We understand that this form is CONFIDENTIAL and will not be released to any third party without your authorization.

PARENT/GUARDIAN SIGNATURES _____ DATE _____

_____ DATE _____