



# 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: ____ ____ ____		<input type="checkbox"/> Male <input type="checkbox"/> 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 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup>			
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>			
<b>Parent(s) or Guardian(s) with whom child resides</b>			
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 _____	Out of Parish _____	Reg. Fee \$ _____
	Paid in Cash _____	Check# _____	