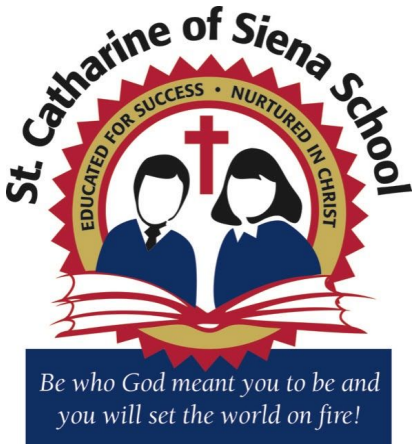

Saint Catharine of Siena School
Principal – Mrs. Marcella Kraycik
2330 Perkiomen Avenue
Reading, PA 19606
610-779-5810
Email – altbscs@ptd.net
LIKE US ON FACEBOOK:
@SAINTCATHARINEOFSIENASCHOOL

2020-2021 REGISTRATION FORM

Child's Name:_____
Last First Middle
Birth Date: _____
Sex (Circle One): Male Female
Address:_____ School District:_____
City:_____ Zip: _____
Home Phone number: _____
Father's Name: _____ Mother's Name:_____
Occupation:_____ Occupation:_____
Work Phone:_____ Work Phone: _____
Cell Phone:_____ Cell Phone:_____
Email: _____ Email:_____
Marital Status: Married____ Separated____ Divorced___ Remarried____ Single_____
Religion:_____ Parish/Church:_____
List of Brothers/Sisters:

Name	Age	School	Grade

List Allergies and/or Dietary Restrictions and/or any health concerns the School Nurse should be aware of:_____

Current School: _____
Ethnicity (Optional): _____

Parent's Signature: _____Date: _____

**If registering for the PREK program, choose one of the following options below:
Monday through Friday: 8:30-2:30 _____
Monday, Wednesday, Friday (only) 8:30-2:30 _____
Monday , Wednesday, Friday (only) 8:30-Noon _____