

# CATHEDRAL OF THE RISEN CHRIST PRESCHOOL REGISTRATION FORM

**STUDENT NAME** \_\_\_\_\_  
*(Last)* *(First)* *(Middle)*

**ADDRESS** \_\_\_\_\_  
*(# and Street)* *(City)* *(State)* *(Zip code)*

**HOME TELEPHONE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_

**BIRTH CERTIFICATE:** *According to Nebraska Law, as of October 1987, a certified (state seal) Birth Certificate for each new student must be presented to the school office within 30 days of entry date.*

**Session Choice – please mark**

\_\_\_ Session A Monday/Wednesday/Friday a.m. (8:15-10:45) 4 yrs old by June 30th  
\_\_\_ Session B Monday/Wednesday/Friday p.m. (12:45-3:15) 4 yrs old by June 30th

**Monthly Tuition**

Sessions A & B

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$100/month registered parishioner  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$110/month non-parishioner

**OFFICE USE ONLY**

Registration form received

\$25 enrollment fee received

(check # \_\_\_\_\_)

**A \$25 enrollment fee must accompany this form.**

## ***PARENT DATA***

***MOTHER***

\_\_\_\_\_

*(Last Name)*

*(First)*

*(Middle)*

***ADDRESS***

\_\_\_\_\_

*(# and street)*

*(City)*

*(State)(Zip code)*

***HOME TELEPHONE*** \_\_\_\_\_

***CELL PHONE*** \_\_\_\_\_

***EMPLOYER*** \_\_\_\_\_

***WORK PHONE*** \_\_\_\_\_

***PARISH*** \_\_\_\_\_

***E-MAIL*** \_\_\_\_\_

***FATHER***

\_\_\_\_\_

*(Last Name)*

*(First)*

*(Middle)*

***ADDRESS***

\_\_\_\_\_

*(# and street)*

*(City)*

*(State)(Zip code)*

***HOME TELEPHONE*** \_\_\_\_\_

***CELL PHONE*** \_\_\_\_\_

***EMPLOYER*** \_\_\_\_\_

***WORK PHONE*** \_\_\_\_\_

***PARISH*** \_\_\_\_\_

***E-MAIL*** \_\_\_\_\_