

**Holy Family Academy  
Gardner, Massachusetts**

**New Preschool Registration  
School Year 2020-2021**

Date \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Student's address \_\_\_\_\_ Town/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_  
(For communication only)

Cell # \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Student's date of birth \_\_\_\_\_ Student's place of birth \_\_\_\_\_

Student lives with: (circle one)      Both Parents      Mother      Father      \*Other

Name of \*Other \_\_\_\_\_ Relationship \_\_\_\_\_

**Parent/Guardian Information:**

Parent's/Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Town/State/Zip \_\_\_\_\_  
(If different from above)  
Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Number of children attending Holy Family Academy \_\_\_\_\_

Names:      1. \_\_\_\_\_      3. \_\_\_\_\_  
              2. \_\_\_\_\_      4. \_\_\_\_\_

Race: American Indian/ \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Multi \_\_\_\_\_  
Native Alaskan

Please indicate the program, which you are registering your child/children for:

(Monday-Friday)	(Monday, Wednesday, Friday)	(Tuesday, Thursday)
____ PK5-DAY	____ PK3-DAY	____ PK2-DAY
____ PK5-AM	____ PK3-AM	____ PK2-AM

**Please complete reverse side. Thank you**

Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_

Parish Registered and Attending \_\_\_\_\_

**Sacraments:**

Baptism: Church \_\_\_\_\_  
City/State \_\_\_\_\_  
Date \_\_\_\_\_

**Accommodations:**

Do any of the following apply to your child:

Preferential seating	_____
Dietary Restrictions	_____
Allergies	_____
Modified Curriculum	_____
Learning Difficulties	_____
Any other special needs	_____

If you have checked off any of the above, please provide documentation to the school before admission is completed.

**Tuition:**

Name/address of the person who will be responsible for the tuition payments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check method of payment: \_\_\_\_\_ Annually (**payment in full due June 5, 2020**)  
\_\_\_\_\_ Monthly (**must complete FACTS online contract**)

Referred to Holy Family Academy by: \_\_\_\_\_



**For Office Use Only**

Date registration received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_