

St. Teresa of Avila Child Development Center Registration Form

A \$100 non-refundable Registration Fee must accompany each Registration Form

Registration Date: _____ Beginning Date: _____
Child's First Name: _____ M.I. _____ Last Name: _____
Preferred Name: _____ Birth Date: _____ Sex: _____
Religion: _____ Parish: _____
Guardian: _____ Guardian 2: _____
Address: _____ Address: _____
City & Zip: _____ City & Zip: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Employer: _____ Employer: _____
Work Phone: _____ Work Phone: _____

Please deliver monthly statements to: _____ this e-mail _____
_____ our child's folder

Parents are: Married _____ Divorced _____ Separated _____ Not Married _____

Child lives with: _____

Race/Ethnicity: Students should be placed in the category of which they are most characteristic.

_____ **Asian:** identifies as having origins in Far East, Southeast Asia or Indian Sub-continent: (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Phillipines, Thailand, Vietnam, etc.)

_____ **American Indian/Native Alaskan:** identifies as one of the two classifications of native Americans

_____ **Black/African American:** identifies as black whether from US, Africa or parts of the world

_____ **Hispanic:** identifies as of Hispanic origin

_____ **Native Hawaiian/Other Pacific Islander:** includes native Hawaiians living anywhere in the US (but not non-Hawaiian residents of Hawaii) also includes other Pacific Islands: Guam, Samoa, Fiji, Micronesia, Polynesia

_____ **White:** Caucasian from any part of the world (including Middle East) and does not identify as one of the other groups

_____ **Multi-racial:** person belongs to more than one racial group

I, _____, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

Parent Signature: _____ Date: _____