

## P.R.E.P. NEW STUDENT REGISTRATION

Student full name: \_\_\_\_\_  
First Middle Last

Student Nickname: \_\_\_\_\_

Student address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Birth date: \_\_\_\_\_

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

Grade the student is assigned in public school as of 8/1/24: \_\_\_\_\_

Name of school: \_\_\_\_\_

Was the student baptized? \_\_\_\_\_

Name of church of baptism: \_\_\_\_\_

Address of church of baptism: \_\_\_\_\_

Mother name: \_\_\_\_\_  
First Middle Maiden Last

Father's name: \_\_\_\_\_

Is your family registered at a parish? \_\_\_\_\_ Name of parish: \_\_\_\_\_

City/state of parish: \_\_\_\_\_

Has the student had any previous religious instructions? \_\_\_\_\_

Please name the church of instruction: \_\_\_\_\_

Address: \_\_\_\_\_

If you have any questions about this form please contact Tina Klare at (859)341-6609, ext. 4023 or [tklare@stjosephcsky.org](mailto:tklare@stjosephcsky.org).

Please attach a copy of the child's baptismal certificate if you have one.