



Mother of Divine Providence School
405 Allendale Rd.
King of Prussia, PA 19406
REGISTRATION FORM

Entering Grade:

Child's Name: _____ on _____ | _____ | _____ Child's SS# _____
(First) (Middle) (Last) Sex: M F

Nickname:

Mailing Address: _____ Phone: _____

(Street)

(City) (State) (Zip)

School District in which child resides:

Race: Caucasian Asian African American Hispanic Other

Date of Birth: _____ County and State of Birth: _____

Parish: _____ Parish Location: _____

Family Covenant signed: Yes No

Child Baptized at: _____ Date: _____

Other Sacraments Received:

Reconciliation: _____ Eucharist: _____ Confirmation: _____

Reason for Withdrawal: _____

Has child ever received Special Education services?

No Yes Name of Program(s): _____

Child lives with:

Both Parents: Mother Father Other

Parents Marital Status: Married Divorced Separated Single Widow

Father's Name: (First) (Middle) (Last)

Father's Religion: Country of Birth:

Address (if different from child):

Employer's Name & Address:

Business Phone: Cell Phone:

Email Address:

Mother's Name: (First) (Middle) (Last)

Address (if different from child):

Mother's Religion: Country of Birth:

Employer's Name & Address:

Business Phone: Cell Phone:

Email Address:

Emergency Contact: Phone #:

Only if applicable:

Primary Physical custodial parent/guardian:

Special custodial court instructions: No Yes (If yes, please provide a copy)

Please provide stepparent information here:

Please describe any medical alerts, serious illnesses, or disabilities we should be aware of:

Date Received: Reg. Fee Ck #: _____

Parish Tuition Forms Rec'd: Full/Bank: Bank Fee Rec'd