

Registration 2010  
Prekindergarten AM (3 days) \_\_\_\_\_  
(4 year olds) PM (3 days) \_\_\_\_\_  
PM (5 days) \_\_\_\_\_

St. Paul of the Cross School  
140 S. Northwest Highway  
Park Ridge, IL 60068

Date \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip Code

Birth Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Social Security Number \_\_\_\_\_ If foreign, date of entry \_\_\_\_\_

Ethnicity: White Non-Hispanic \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_  
Black Non-Hispanic \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Native American \_\_\_\_\_

Language(s) spoken at home (other than English) \_\_\_\_\_

Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Other school(s) attended \_\_\_\_\_  
\_\_\_\_\_

Public school your child would attend if he/she was not attending St. Paul: \_\_\_\_\_

\_\_\_\_\_  
Father's First and Last Name

\_\_\_\_\_  
Mother's First and Last Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Pager

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Pager

\_\_\_\_\_  
Nationality

\_\_\_\_\_  
Religion

\_\_\_\_\_  
Nationality

\_\_\_\_\_  
Religion

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Employer's Address

(Over please)

