

## St. Mary/McCormick Catholic Academy

## **Registration Packet Checklist**

\*Please complete the attached forms and return them along with the following documents to the school office to complete your child's registration. Thank you!

- > Copy of child's birth certificate
- Immunization records/Hearing and Vision Testing
- > Baptism certificate, if Baptized

## \*Attached forms checklist:

- > Enrollment Form
- Tuition contract
- Active Parish Verification Form (for K-8 families that are active parishioners at a Blue Water Vicariate Catholic church)
- Health Form

## **Enrollment Form** Year: 20\_\_\_\_ to 20\_\_\_\_ Date: \_\_\_\_\_ St. Mary/McCormick Catholic Academy Grade: 1429 Ballentine Street Parish: Port Huron, MI 48060 Envelope Number: \_\_\_\_\_ Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security Number Address \_\_\_\_\_ Street & Number City State Zip Code Legal Guardian/Custodial Parent(s): Father/Guardian \_\_\_\_\_ First & Last Name Occupation Denomination Country of Birth Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_ Mother/Guardian \_\_\_\_\_ First & Last Name Occupation Country of Birth Denomination Phone Number(s): Home: Cell: Work: Child's Baptism \_\_\_\_\_ Date Church City State Select One: \_\_\_ Catholic \_\_\_ Roman Catholic \_\_\_ Eastern Catholic (Chaldean, Melkite, Maronite, Etc.) \_\_\_ Other (please describe) \_\_\_\_\_ First Eucharist: Date Church City State First Reconciliation: Church City State Date Entry Date \_\_\_\_\_ Grade Level \_\_\_\_\_ Schools previously attended: Name of School Dates Attended City State Name of School Dates Attended City State