

**Regina Catholic Education Center**

**Kindergarten Application**

2120 Rochester Ave

Iowa City, IA 52245

319.337.5739 / fax 319.338.2443

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| **Student Information** |  |
| Last Name:        | Religious Denomination:       |
| First Name:        | If Catholic, Parish:       |
| Middle Name:       | School District of Residence:       |
| Birth date:       | County of Residence:       |
| Birthplace (City, State):       | Preschool:       |
| Sex: [ ]  M [ ]  F | City:       | State:       |
| Do you need busing? |  [ ]  Yes [ ]  No | Intended Enrollment Date:       |
|  |
| **Parent/Guardian Contacts** | **[ ]  Has Custody** **[ ]  Lives With** |
| Mother’s First Name:        | Last Name:        |
| Address:        | Marital Status:        |
| City:        | State:        | Zip:        |
| Email:        | Employer:       |
| Cell Phone:        | Occupation:       |
| Home Phone:        | Religious Denomination:       |
| Work Phone:        | If Catholic, Parish:       |
|  | **[ ]  Has Custody [ ]  Lives With** |
| Father’s First Name:        | Last Name:        |
| Address:        | Marital Status:        |
| City:        | State:        | Zip:        |
| Email:        | Employer:       |
| Cell Phone:        | Occupation:       |
| Home Phone:        | Religious Denomination:       |
| Work Phone:        | If Catholic, Parish:       |
|  |
| **Siblings at Home** |  |
| Name:        | Age:        | School:       |
| Name:        | Age:       | School:       |
| Name:        | Age:        | School:       |
| Name:        | Age:        | School:       |

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| **Special Education Services/Programs** |
| Has the student ever participated in any Special Education services or programs?  |  [ ]  Yes [ ]  No | Please specify: [ ]  Speech [ ]  RSP [ ]  Title I Math [ ]  ESL [ ]  504/IEP [ ]  Title I Reading [ ]  Other  |
| **Ethnicity** |
| Are you Latino or Hispanic? [ ]  Yes [ ]  No |
| **Race – mark all that apply** |
| [ ]  Caucasian (not of Hispanic origin)[ ]  Asian | [ ]  Black or African American [ ]  American Indian or Alaska Native  | [ ]  Native Hawaiian / Other Pacific Islander  |
| **Home Language (Please mark the language used most often at home)** |
|  [ ]  English [ ]  Spanish [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Pertinent Information** |
| How did you hear about Regina?        |
| Was there a member of the Regina community who was instrumental in helping you to make the decision to send your student to Regina?  |  [ ]  Yes [ ]  No | If yes, please list that person’s name (one name only, please)        |
| Does your student have any special medical / health / dietary concerns about which we should know?  |  [ ]  Yes [ ]  No | If yes, please list the concerns       |
| Please add anything else that you think is important to help us know your student better (interests, etc.).        |
|   |
| Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A $172 application fee\* is required to be submitted with this form.\*Fee includes $100 registration fee, $60 milk fee and $12 nap mat fee. | Additional information is required before the start of the school year:* Birth Certificate
* Immunization Record
* Parish Registration Form
* Dental Screening Form
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| Please submit this application and fee to: |
| Regina Elementary School 2120 Rochester Ave Iowa City, IA 52245  | Celeste Vincent, Principalceleste.vincent@regina.orgOffice: 319.337.5739Fax: 319.338.2443 | Bill Battistone Asst. Principalbill.battistone@regina.orgOffice: 319.337.5739Fax:319.338.2443 |
| ***For Office Use Only*** |
| Entry Date into District:  | Regina Student ID #: |
| State ID #: | Date Submitted:  |
| Application Fee Included: |  |