



## Saint Peter Catholic School

314 West High Street, Jefferson City, MO 65101

Phone: (573) 636-8922 • Fax: (573) 636-8410 • [www.saintpeterjc.org/school](http://www.saintpeterjc.org/school)

### St. Peter Catholic School Kindergarten Student Information

#### Check Appropriate Parish:

I am an active parishioner at: St. Peter \_\_\_\_\_ St. Andrew \_\_\_\_\_ Other: Tuition \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Print the name or nickname your child will use on assignments.)

Boy \_\_\_\_\_ Girl \_\_\_\_\_  
(Circle)

Students Religion: \_\_\_\_\_ Parent's Religion (if different from child): \_\_\_\_\_

Birthday: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name (s): \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail addresses \_\_\_\_\_

What/where is the current childcare setting? \_\_\_\_\_

**It is very important that we know of any special concerns associated with your child (i.e. early childhood class, therapies, educational diagnostic evaluations, medical conditions), so please attach important information and details to this form**

PLEASE INDICATE IF YOUR CHILD HAS RECEIVED ANY TYPE OF EARLY CHILDHOOD THERAPY OR SERVICES.

☐ Speech ☐ Language ☐ Occupational Therapy ☐ Physical Therapy ☐ Academic Support

Provider >>> ☐ Jefferson City School District Early Childhood Program  
☐ Currently Receiving Services ☐ Released from services

Provider >>> ☐ Independent Therapist through \_\_\_\_\_  
☐ Currently Receiving Services ☐ Released from services

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_