



Father Holland Catholic School

"A Parish-Regional School of St. Joseph's Church,
serving the Northwest Corner of our State"
180 Sayles Avenue, Pascoag, Rhode Island 02859
Tel (401) 568-4589 Fax (401) 567-9069
"Where students shine with the Light of Christ"

For office use only
Non-Refundable Registration Fee
\$100-1st child/\$100-2nd child
3rd child-\$75/4th child-\$25
Date: _____
Cash/Check _____

Fr. Clifford J. Cabral
Pastor
Mrs. Shawn A. Capron
Principal

Web Site:
www.frholland.org
E-mail:
frholland@cox.net

REGISTRATION FORM 2012-2013

STUDENT'S NAME _____ MALE FEMALE
LAST FIRST MIDDLE INITIAL

ADDRESS _____
AND STREET VILLAGE ZIP

PHONE # _____ **PARISH** _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____ **RELIGION** _____

BAPTISM _____
CHURCH CITY/STATE/ZIP MONTH/DAY/YEAR

FIRST COMMUNION _____
CHURCH CITY/STATE/ZIP MONTH/DAY/YEAR

CURRENT SCHOOL _____ **GRADE** _____

IS CHILD CURRENTLY RECEIVING SPECIAL SERVICES? _____

PARENT INFORMATION FATHER GUARDIAN ALUMNUS **PARENT INFORMATION** MOTHER GUARDIAN ALUMNA

Name _____

Occupation _____

Employer _____

Work phone _____

Cell phone _____

e-mail _____

Check appropriate boxes Father deceased Mother deceased Parents divorced Parents separated Father remarried Mother remarried

With whom do the children live? Both parents Father Mother Other

EMERGENCY CONTACTS IF PARENT/GUARDIAN CANNOT BE REACHED

NAME PHONE # RELATIONSHIP

NAME PHONE # RELATIONSHIP

We understand that admission to Fr. Holland Catholic School is a privilege and not a right, and we agree to abide by the rules and regulations of the school, and to honor all our financial obligations including the payment of attorney's fees should collection action be necessary. We also agree to allow the use of photographs of our children who are students at FHCS for appropriate marketing and public relations purposes. We understand that this form is CONFIDENTIAL and will not be released to any third party without our authorization.

PARENT/GUARDIAN SIGNATURES _____ DATE _____

_____ DATE _____

A NEASC Accredited School _____



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PRE-K REGISTRATION FORM 2012-2013

STUDENT'S NAME _____ MALE FEMALE
LAST FIRST MIDDLE INITIAL

ADDRESS _____
AND STREET VILLAGE ZIP

PHONE # _____ **PARISH** _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____ **RELIGION** _____

BAPTISM _____
CHURCH CITY/STATE/ZIP MONTH/DAY/YEAR

THREE YEAR OLD PROGRAM: Tuesday & Thursday AM **FOUR YEAR OLD PROGRAM:** Monday, Wednesday & Friday
Monday - Friday (5 days)

TO ENTER THE PRE-KINDERGARTEN PROGRAM FOR THREE YEAR OLDS, A CHILD MUST BE 3 YEARS OF AGE BY SEPTEMBER 1ST.
TO ENTER THE PRE-KINDERGARTEN PROGRAM FOR FOUR YEAR OLDS, A CHILD MUST BE 4 YEARS OF AGE ON OR BEFORE SEPTEMBER 1ST.

PARENT INFORMATION FATHER GUARDIAN ALUMNUS **PARENT INFORMATION** MOTHER GUARDIAN ALUMNA

Name _____

Occupation _____

Employer _____

Work phone _____

Cell phone _____

e-mail _____

Check appropriate boxes Father deceased Mother deceased Parents divorced Parents separated Father remarried Mother remarried

With whom do the children live? Both parents Father Mother Other

CHILD'S PHYSICIAN _____ **PHONE** _____

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NAME PHONE # RELATIONSHIP

NAME PHONE # RELATIONSHIP

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PARENT/GUARDIAN SIGNATURES _____ DATE _____

_____ DATE _____

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