



BISHOP MCHUGH REGIONAL CATHOLIC SCHOOL

Accredited by the Middle States Association of Colleges and Schools
2221 Route 9 North, Cape May Court House, NJ 08210 (609) 624-1900

DATE \_\_\_\_\_

STUDENT REGISTRATION FORM

STUDENT'S INFORMATION:

GRADE ENTERING \_\_\_\_\_

Name \_\_\_\_\_ (\*\*Little Storm Program, See Below for Class Option)

HOME PHONE: \_\_\_\_\_
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ PARISH: \_\_\_\_\_
If you do not currently belong to a Parish, please leave blank.

CITY \_\_\_\_\_ NJ STATE ZIP \_\_\_\_\_ TOWNSHIP/School District of Student Residence \_\_\_\_\_

FAMILY INFORMATION

Mailing Salutation: (Circle That Which Applies)

Dr. Mr. Mrs. Ms.

PRIMARY CONTACT INFORMATION

Name \_\_\_\_\_

Relationship To Child: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ NJ Zip \_\_\_\_\_

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

W \_\_\_\_\_

Family EMAIL address \_\_\_\_\_

Dr. Mr. Mrs. Ms.

SECONDARY CONTACT INFORMATION

Name \_\_\_\_\_

Relationship To Child: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ NJ Zip \_\_\_\_\_

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

W \_\_\_\_\_

Parent's Status: Married ( ) Single ( ) Separated ( ) Divorced ( )

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Child lives with: Both Parents ( ) Mother ( ) Father ( ) Other ( )

SIBLINGS: Name \_\_\_\_\_ Grade entering \_\_\_\_\_ Name \_\_\_\_\_ Grade entering \_\_\_\_\_

\*\*Little Storm: Circle program entering: PreK2 PreK3 PreK4
Indicate: Full Days \_\_\_ or Half Days \_\_\_ # of Days \_\_\_\_\_ (Circle Days) M T W TH F

New Students Only

\*\*\*Physical and immunization must be on file at the start of school.\*\*\*

Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_

At your child's former school, did he/she receive any of the following services: (please check all that apply)

\_\_\_ Basic Skills Instruction \_\_\_ Special Education \_\_\_ Speech Services \_\_\_ Counseling

Place of Birth: \_\_\_\_\_ Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
CITY STATE Date Church City, State

Child's Baptism: \_\_\_\_\_

First Penance: \_\_\_\_\_

First Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Transferred from: Name of school \_\_\_\_\_ City and State \_\_\_\_\_

As parents/guardians, in registering this child to attend Bishop McHugh Regional Catholic School, we make a commitment to meet the financial obligations and accept to be governed by the school policies.

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

Non-Refundable Registration fee paid Date \_\_\_\_\_ check number \_\_\_\_\_ Financial Aid request: https://online.factsmgmt.com/aid
Method of Payment: please check one Facts ( ) or Paid in full by 8/15 ( )
Billing Name \_\_\_\_\_ Billing Address \_\_\_\_\_