



# ST. MICHAEL THE ARCHANGEL REGIONAL SCHOOL

51 West North Street, Clayton, New Jersey 08312 • 856-881-0067 • [www.smrsonline.com](http://www.smrsonline.com)

## PreK-3 Registration Form 2025-2026

Registration Fees and School Fees are Non-Refundable

Family Name: \_\_\_\_\_ Date of Registration \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish†: \_\_\_\_\_

**†Parish affiliations will be confirmed. Be sure to officially register your family at your Parish.**

Mother/Guardian's Name: \_\_\_\_\_ Father/Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

**Parents' Marital Status (circle):** Married Separated Divorced Widowed **Child Resides with (circle):** Both Mother Father Other

**Ethnicity\* (circle):** Asian Black White Multi-Racial Unknown Hispanic/Latino American Indian/Native Alaskan

**NAME OF STUDENT Age Date of Birth Gender Hispanic/Latino Non-Hispanic**

\_\_\_\_\_

**Time/Days of Attendance (check):**

\_\_\_ Half Day \_\_\_ 3 Days \_\_\_ 4 Days \_\_\_ 5 Days \_\_\_ Full Day \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_

Friday \_\_\_\_\_ **No admittance if immunizations are not up to date. PreK-3 must be 3 years old by September 30<sup>th</sup> and**

**bathroom-trained.**

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

\*St. Michael the Archangel Regional School admits all students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of education policies, admission policies, athletic or other school sponsored programs.

**OFFICE USE ONLY** Registration Fee Paid: \$ \_\_\_\_\_ Copy of Birth Certificate \_\_\_ Yes \_\_\_ No \_\_\_ Initial Date

Paid: \_\_\_\_\_ Copy of Baptismal Certificate \_\_\_ Yes \_\_\_ No \_\_\_ Initial Cash/Check # \_\_\_\_\_

Immunization Record \_\_\_ Yes \_\_\_ No \_\_\_ Initial Interview Date: \_\_\_\_\_ Confirmation from Parish

\_\_\_ Yes \_\_\_ No \_\_\_ Initial Date of Acceptance: \_\_\_\_\_