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REGISTRATION APPLICATION for 2010-2011
TRANSITIONS/KINDERGARTEN

STUDENT INFORMATION (Please print)

Date: _____

Name: _____
(last)
_____,
(first)
Address: _____
Phone: _____

\$300 Registration Fee
*Registration fees are NON-REFUNDABLE
Birth Certificate _____
Baptismal Certificate _____
Health Forms _____

Date of Birth: _____ Place of Birth: _____ Sex: ___ Male ___ Female

Previous School Name: _____
(if any) Address: _____

SCHEDULE

Transitions & Kindergarten
Monday thru Friday full days 8:50 am to 3:15 pm

FAMILY INFORMATION (Please print)

Marital Status: ___ Married ___ Divorced ___ Single ___ Widowed

Father: Name: _____
(first) (last if different from student)

Address: (if different from above) _____

Occupation: _____ Religion: _____

Mother: Name: _____
(first) (Maiden) (last, if different from student)

Address: (if different from above) _____

Occupation: _____ Religion: _____

Number of Children in Family: ___ Boys ___ Girls ___ Number attending AMBS

PARISH AFFILIATION: Are you a registered member of Most Blessed Sacrament Parish? Yes ___
No ___ If not, please provide the Name and Address of your Parish/Church you attend: _____

CENSUS INFORMATION:

Child (ren)'s Ethnic Heritage: ___ Asian ___ Black ___ Hispanic ___ Multi-Racial ___ White
___ Native Alaskan/American Indian ___ Native Hawaiian/Pacific Islander

* If child was Baptized at Most Blessed Sacrament, a Baptismal Certificate is not needed,
However, please provide the DATE of the child's Baptism _____
** A completed Health Form must be submitted between June 1 and September 1 before entrance to AMBS.