



**SAINT MARTHA SCHOOL**  
 440 N. Azusa Ave., Valinda, CA 91744  
 Tel: (626) 964-1093 FAX: (626) 912-2014

# REGISTRATION

## For Transitional Kindergarten

PLEASE PRINT AND COMPLETE ENTIRE APPLICATION:

Legal Name of Student: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Date Baptized: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Father/Guardian Information**

Name: \_\_\_\_\_

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

Birthplace/Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

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

**Mother/Guardian Information**

Name: \_\_\_\_\_

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

Birthplace/Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

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

**The following documents and fees are due at the time this application is turned in.**

- a) \$ 200.00 non-refundable fee
- b) A copy of Child's Birth Certificate
- c) A copy of Child's Baptism Certificate
- d) A copy of Child's Immunization Record (Yellow Card)

According to State Law, children may not be admitted to Transitional Kindergarten unless they have reached the age of 3 years and 9 months on or before the first day of September of the year of admission. (They must be four years of age on or before December 1st of the current school year.)

**REGISTRATION FEES ARE NON-REFUNDABLE.**