

311 West Water Street
Lock Haven, PA 17745
570-748-7252
570-748-1939 Fax
lhcs@lhcs.org
www.lhcs.org



Date: _____

Child's Name: _____
Last First M

Date of Birth: _____

Address: _____

Birthplace: _____

Gender: _____

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

Father's Name: _____ **Address:** _____
Last First

Phone Number: _____

Email Address: _____

Mother's Name: _____ **Address:** _____
Last First

Phone Number: _____

Email Address: _____

Present Parish: _____ Active () Inactive ()

Check Year Child Enrolling for Kindergarten (Child must be 5 on/before August 31st the year enrolling.)

2019 – 2020 _____

2020 – 2021 _____

2021 – 2022 _____

2022 – 2023 _____

2023 – 2024 _____

The pre-registration form is intended to help Lock Haven Catholic School plan for the future. Later each child will meet with an educator to determine readiness.

Date Received: _____