



Father Martin Cioppi, Pastor
Father Jerome Wild, Pastor
Ms Christine Pagan, Principal

"Do Small Things With Great Love"
- Mother Teresa

Enrollment Registration Form (Please fill out one form per student.)

Student's First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Gender ____ Age as of September 1, 2019 _____

Grade _____ Full Day ____ Half Day ____ Number of Days _____

Home address _____

City _____ State ____ Zip Code _____

Phone _____ Circle one: Home Cell Work

County _____ Public School District _____

Religion _____ Parish _____ Child was Baptized at _____ Date _____

Other Sacraments Received _____ Birth Country of Student _____ Ethnicity _____

Child lives with: Both Parents Mother Father Other

Parent Marital Status: Married Divorced Separated Widow(er)

Transfer student(s) please provide name of school previously attended _____

Does the student have an IEP _____ Is copy provided with application? _____

Does the student currently receive support service? _____ If yes, please explain services and who provides them:



Father Martin Cioppi, Pastor
Father Jerome Wild, Pastor
Ms Christine Pagan, Principal

"Do Small Things With Great Love"
- Mother Teresa

Family Information

Father/ Guardian Name _____ DOB _____ SS# _____

Address if different from student _____

Phone: Mobile _____ Work _____

E-Mail Address _____ Employer _____

Religion _____ Father's Country of Birth _____

Mother/ Guardian Name (include maiden name) _____

DOB _____ SS# _____

Address if different from student _____

Phone: Mobile _____ Work _____

E-Mail Address _____ Employer _____

Religion _____ Mother's Country of Birth _____

Family Language Survey

Is a language other than English spoken in your home? Please answer yes or no: _____

*If yes, please specify language: _____

Which language did your child learn first? (Specify language) _____

What language does your child use most frequently at home? _____

Which language do you most frequently speak to your child? _____

Emergency Contact Information (Please list names other than parents.)

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

How did you hear about MTC? _____

405 Allendale Road King of Prussia, PA 19406
Phone: 610.265.2323 Fax: 610.265.1816 Web: <http://www.mtcschool.org>

Office Use
Date Rec: _____
By: _____
Opt. C _____
FACTS _____ CC _____
MC _____
New Fam. Pack. _____
BTS Packet _____
Health Suite _____
Ck# _____ Amt _____