

Holy Family Catholic School Registration Information

School Year 2009 / 2010

Please return to the school with a non-refundable registration fee
\$75 per student for Grades Kindergarten-8th / \$50 per family for Pre-school and Pre-kindergarten.

Name
Family/Guardian: _____
Last
Mother/Guardian First Name
Father/Guardian First Name

Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Home Phone: () _____ Cell Mother/Guardian: () _____ Cell Father/Guardian: () _____

E-mail Mother/Guardian: _____ E-mail Father/Guardian: _____

St. Charles Borromeo

If **No** are you a member of another parish? (Please specify)

Registered Parishioner*: St. Joseph No _____

* A parishioner is a person involved in the ministry of the parish and financially supports St. Joseph or St. Charles Borromeo parish.

Student Enrollment Information as listed on birth certificate						
First Name	Middle Name	Last Name	Date of Birth	M/F	Entering Grade	Add'l Language Other than English

(over)

Catholic Sacrament Information
Please provide a copy of certificate for all completed sacraments.

Child's Name	Baptism Date and Church	Reconciliation Date and Church	Confirmation Date and Church

Emergency Contact Information (Friend or relative other than parents):

Name _____ Relationship _____ Home Phone _____ Cell _____

Name _____ Relationship _____ Home Phone _____ Cell _____

Name _____ Relationship _____ Home Phone _____ Cell _____

Family Status: 2-parent home 1-parent home
 _____ total # of children _____ # older than 8th grade _____ # younger than pre-school

If child is not living with both parents, who has legal custody? _____

Parent/Guardian Work Information

Parent/Guardian Name _____ Employer, Occupation and Address _____ Work Phone _____

Parent/Guardian Name _____ Employer, Occupation and Address _____ Work Phone _____

Parent/Guardian Name _____ Employer, Occupation and Address _____ Work Phone _____

Parent/Guardian Name _____ Employer, Occupation and Address _____ Work Phone _____

Transportation: My child will arrive to and from school by: Bus Car Walk Bicycle

For Office Use Only:

Date: _____ Amount Paid: \$ _____ Recorded: _____ Init: _____

Medical Contact Information

Family Physician

Phone

Address

Emergency Phone

Known Allergies & Conditions

Child Name

Allergies

Other Conditions

Medications

Child Name

Allergies

Other Conditions

Medications

Child Name

Allergies

Other Conditions

Medications

Child Name

Allergies

Other Conditions

Medications

If parent cannot be contacted, do you give permission to have a doctor or hospital give emergency treatment?

Yes No

If no, what emergency procedure should be followed?
