



## 2017-2018 Registration Form Preschool – 8<sup>th</sup> Grade

Family’s Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Cell (Father): \_\_\_\_\_ email: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Cell (Mother): \_\_\_\_\_ email: \_\_\_\_\_

Parish you are registered with and location: \_\_\_\_\_

How did you hear about Holy Family Catholic School? \_\_\_\_\_

Are any family members alumni of St. Joseph or St. Charles Borromeo School? \_\_\_\_\_

### Registration:

Please complete this section for all children, Preschool – 8<sup>th</sup> grade who will attend the 2017-2018 school year.

Child’s Full Name:	Birth Date	Gender	2017-2018 Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If registering for Preschool, please choose one option: \_\_\_\_\_ Full Day \_\_\_\_\_ Half Day

### Family Status

\_\_\_\_\_ Total # of children \_\_\_\_\_ # older than 8<sup>th</sup> grade \_\_\_\_\_ # younger than PS

If the child is not living with both parents, who has legal custody? \_\_\_\_\_

Is your child currently being serviced by an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

Child’s Name: \_\_\_\_\_

**Catholic Sacramental Information**

Child's Name	Baptism: Church/Date	1 <sup>st</sup> Rec.: Church/Date	1 <sup>st</sup> Comm.: Church/Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Parent/Guardian #1 Work Information:**

Parent/Guardian Name: \_\_\_\_\_ Employer/Occupation: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_

Hobbies, Talents & Interests: \_\_\_\_\_

**Parent/Guardian #2 Work Information**

Parent/Guardian Name: \_\_\_\_\_ Employer/Occupation: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_

Hobbies, Talents & Interests: \_\_\_\_\_

**Emergency Contact Information (friend or relative *other than parent/guardian*):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Contact Information**

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Known Allergies and Conditions**

Child's Name: \_\_\_\_\_ Allergies/Other Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Allergies/Other Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Allergies/Other Conditions: \_\_\_\_\_