



Archdiocesan Student Cumulative Record Family Registration Information

FAMILY NAME: _____

Names & Grades for 2010-2011

Please check one: ___ A.M. Preschool ___ P.M. Preschool

___ Tues. / Thur. 3 yr old Preschool

NAME	D.O.B.	MALE / FEMALE	WHERE BAPTIZED	GRADE IN 2010-2011

Child(ren) lives with: Both Parents Mother Father

Language spoken at home _____

Ethnic background: White/Not Hispanic Asian/Pacific Islander Hispanic
 American Indian/Alaska Native Black/Not Hispanic

Address: _____ City & Zip: _____

Phone: _____ Cell Phone: _____

Parish member(s) at: _____ email: _____

Mother's Name: _____

Place of Employment: _____ Position _____

Work Phone: _____ Alternate Phone: _____

Religion _____ Cell Phone: _____

Father's Name: _____

Place of Employment: _____ Position _____

Work Phone: _____ Alternate Phone: _____

Religion _____ Cell Phone: _____

Other children in the home: (not enrolled in school)

Name: _____ Age _____ Grade _____

Name: _____ Age _____ Grade _____

FAMILY EMERGENCY INFORMATION

Family Name: _____

Family Physician: _____ Phone Number: _____

In the event of an emergency, all children will be transported to Children's Hospital

No, my child should be sent to: _____

Student's Name (1): _____

Allergies: _____
(food, medicines, bee stings, etc.)

Student's Name(2): _____

Allergies: _____

Student's Name(3): _____

Allergies: _____

Student's Name(4): _____

Allergies: _____

First Emergency Contact (Other than parent)

Name: _____ Home Phone: _____

Alternate Phone: _____

Relationship: _____ Allowed to pick up child? _____

Second Emergency Contact (Other than parent)

Name: _____ Home Phone: _____

Alternate Phone: _____

Relationship: _____ Allowed to pick up child? _____

My family information may be published in the school directory yes _____ no _____

Yes _____ No _____ I would like to receive information and register for extended care.

Office Information:

Registration Fee Received: _____ Date _____ Cash/Check #: _____