

**Registration Form- 2011-2012**



**St. Mary's School**  
**32447 Church Street**  
**Rockwood, MI 48173**

Date \_\_\_\_\_

Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Student's race:

African American       Hispanic

Native American       Caucasian

Asian/Pacific Island       Arabic

Other: \_\_\_\_\_

Address	City	Zip	Parish
School last attended	Residing school district	Home language	

**ENROLLING STUDENT(S)**

First name	Birthdate	Place of birth	SS#	Gender	Grade
			- -	M F	
	Baptism date	Baptism Parish/City	Reconciliation	First Communion	
			Yes No	Yes	No
First name	Birthdate	Place of birth	SS#	Gender	Grade
			- -	M F	
	Baptism date	Baptism Parish/City	Reconciliation	First Communion	
			Yes No	Yes	No
First name	Birthdate	Place of birth	SS#	Gender	Grade
			- -	M F	
	Baptism date	Baptism Parish/City	Reconciliation	First Communion	
			Yes No	Yes	No
First name	Birthdate	Place of birth	SS#	Gender	Grade
			- -	M F	
	Baptism date	Baptism Parish/City	Reconciliation	First Communion	
			Yes No	Yes	No

**FATHER OR LEGAL GUARDIAN**

Name- Last	First	M.I.	E-mail address		
If other than natural parent - relationship	Country of birth		Religion	Cell phone	
Place of employment	Occupation		Work phone	Ext.	

**MOTHER OR LEGAL GUARDIAN**

Name- Last	First	M.I.	E-mail address		
If other than natural parent - relationship	Maiden name	Country of birth	Religion	Cell phone	
Place of employment	Occupation		Work phone	Ext.	

**\* REQUIRED EMERGENCY CONTACT INFORMATION ON THE BACK OF THIS FORM**

**EMERGENCY INFORMATION**

State any "health factors" which might endanger your child's health and require emergency health care.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Nothing Known                                  | <input type="checkbox"/> Diabetic                         | <input type="checkbox"/> Multiple Critical Allergies      |
| <input type="checkbox"/> Rheumatic Heart                                | <input type="checkbox"/> Asthmatic                        | <input type="checkbox"/> Long Term Medication             |
| <input type="checkbox"/> Cardiac Condition                              | <input type="checkbox"/> Aspirin, Pencillin or other drug | <input type="checkbox"/> Contact Lenses                   |
| <input type="checkbox"/> Bleeding Disorder                              | <input type="checkbox"/> Multiple Critical Allergies      | <input type="checkbox"/> Epileptic or History of Seizures |
| <input type="checkbox"/> Allergy to fur bearing animals (specify) _____ |   |   |
| <input type="checkbox"/> Other- please specify: _____                   |   |   |
| _____   |   |   |
| _____   |   |   |

**EMERGENCY TELEPHONE NUMBERS - (3 are required and must be available during the day and can pick your child up.)**

Name	Relationship to child	Phone
Name	Relationship to child	Phone
Name	Relationship to child	Phone
Doctor's name	Location	Phone
Emergency hospital preference		

**EMERGENCY CONSENT**

In the event that parents cannot be contacted, I give St. Mary's School Staff permission to administer preliminary first aid to my child.

\_\_\_\_\_  
Parent/Guardian Signature

**May we use your child's photograph in marketing publications for the school?** YES NO

**May we publish your home contact information in the school directory?** YES NO

If yes, please specify a preferred phone number and e-mail address: Phone: \_\_\_\_\_  
*\*E-mail addresses are to be used for school information only and may be used by organizations within the school, such as: Booster Club, Advisory, PTO, etc.* E-mail: \_\_\_\_\_

	<u>2012-2013</u>		<u>2013-2014</u>	
Will you have a child entering 3 yr. preschool in:	Yes	No	Yes	No
Will you have a child entering 4 yr. preschool in:	Yes	No	Yes	No
Will you have a child entering kindergarten in:	Yes	No	Yes	No