

Registration Form- 2009-2010



Date _____

Student's race:

African American Hispanic

Native American Caucasian

Asian/Pacific Island Arabic

Other: _____

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

Last Name _____

Home Phone _____

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>2010-2011</u>		<u>2011-2012</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