

Were you married in the Catholic Church? Yes____ No____

List name and location of Church:_____

If no, are parents married? Yes____ No____

If there is a separation or a divorce in the family, please give the name of the Custodial

Parent:_____

Please check which Parent is authorized for emergency treatment of the child : Mother or Father____; Mother only____; Father only_____

Is there an Order of Protection in place? Yes____ No____

Does your child has an IEP or 504 at school? Y__ N__

If you answered YES, please complete the Special Needs form attached.

Do you have other children in the program? Yes____ No____

Please list their names and grades below:

_____ Grade_____

_____ Grade_____

_____ Grade_____

Emergency Contact: (other than parent)

Name:_____

Relationship:_____ Phone#_____

Please list allergies or medications for this child:

PARENT SIGNATURE:_____

If someone else is registering student, please indicate name below:
