



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\_\_\_\_

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#\_\_\_\_\_

Does your child has an IEP or 504 at school? Yes No

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

Please list allergies or medications for this child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class Availability: SEE ATTACHED CLASS SCHEDULE FOR 2017-18

PARENT SIGNATURE:\_\_\_\_\_

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

\_\_\_\_\_