

Family Name _____ Current Parish _____

Name of Parents Responsible for Child/ren _____
(Mother) (Father)

Address _____ Home Phone _____

Parents are: Together _____ Separated _____ Divorced _____ Mother Cell _____

Father Cell _____

Ethnicity (Circle One) HISPANIC NON-HISPANIC

Race (Check all that apply) Asian _____ White _____ Black /African American _____ Alaskan Native _____

Hawaiian _____

Besides English, Language Spoken at Home _____

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Does child wear glasses / contacts</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any health conditions that we should be aware of?

Local Public School: (Check One) McClellan _____ Holden _____ Armor _____ Healy _____ Other _____

For the safety of our children, the following information must be completed:

(Father's Place of Employment) (Address) (Telephone)

(Father's Place of Employment) (Address) (Telephone)

If parents cannot be reached: Please list name of nearby relative / friend who may be called and will come for your child if needed.

(Name) (Address) (Telephone) (Relation to Child)

(Name) (Address) (Telephone) (Relation to Child)

Family Doctor: _____
(Address) (Telephone) (Hospital)

If your Doctor cannot be reached, may the hospital Doctor do whatever is necessary? Yes _____ No _____

(Date)

(Signature)