

Child's Name _____

Home Phone _____

Saint Bede School Registration/Emergency Form 2021-2022

Student Information

Date of Birth _____ Gender (Circle One) M F Grade Level/Class _____
If applicable, please circle: PK T/TH PK MWF PK M-F PK Full Day
Social Security # _____ Religion _____ Languages Spoken at Home _____

Registered Parishioner at _____ Parish.

REQUIRED BY THE U.S. Dept. of Ed. Hispanic/Latino (Circle One) Yes No Race(Please check one or more below)

___ American Indian/Alaskan ___ Asian ___ Black/African American ___ Native Hawaiian/Pacific Islander
___ White

Dismissal Mode (Check one or more) ___ Car Rider ___ Fox Lake Bus ___ Gavin Bus ___ Antioch Bus ___ EDP

Street Address _____

City _____ State, Zip _____ Public School District Child Resides In _____

Student Lives with _____ Who has legal custody _____
(Must have decree on file in school office)

Please list any adult prohibited by COURT ORDER to have contact with the student _____

Mother's Name _____

Father's Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Place of Employment _____

Place of Employment _____

Daytime Phone _____

Daytime Phone _____

Email Address _____

Email Address _____

Emergency Contacts/People authorized to contact in case of student's illness or emergency pick up.

***Parents will be the first to be contacted*(please make changes on the line below).**

Emergency Contact Name	Relation	Phone #	Phone Type
_____	_____	_____	___ Cell ___ Home ___ Work

Emergency Contact Name	Relation	Phone #	Phone Type
_____	_____	_____	___ Cell ___ Home ___ Work

Emergency Contact Name	Relation	Phone #	Phone Type
_____	_____	_____	___ Cell ___ Home ___ Work

(over)

EMERGENCY INFORMATION(CONT.)

Doctor's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Allergies _____ Medications _____

Health Issues or Concerns _____

Other Information the school should have on file _____

I understand that in case of an emergency, the school will call a parent at home or work. If a parent cannot be reached and in the judgment of the School Principal or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my child, I hereby request and authorize any of the previously mentioned personnel to obtain for my child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and/or for medication deemed necessary. I authorize the school to take necessary emergency action. The school will take this Emergency Form with when a child is taken on a field trip, for emergency medical treatment and during tornados, fires, and other emergencies, therefore, I understand that it is very important and up to date.

Parent/Guardian's Signature

Date

In our efforts to improve communications between parent and school, Saint Bede School uses a telephone broadcast system that enables school personnel to notify all households and parents by phone/email within minutes of an emergency or unplanned event that causes early dismissal, school cancellation or late start. Saint Bede School will continue to report school closings due to snow or weather on TV, radio, and www.stbedeschool.com and will use this system as an overlay to the public announcements.

- It is also used for the occasional reminders that may need to be made. Such non-emergency phone calls will be made to the non-emergency phone numbers and email.
- ****Please note: ALL numbers and emails listed will be called in an EMERGENCY.** These numbers are NOT used to contact anyone in the case of a sick child.**

Primary Number to call in **Non-Emergency** situations _____

2nd Primary Number to call in **Non-Emergency** situations _____

1st Number to call in **Emergency** situations _____

2nd Number to call in **Emergency** situations _____

1st Email Address _____

2nd Email Address _____