



2021-2022 Registration

K-8 Registration:

Pre-Kindergarten Program

PK- 3 (3 yr old) PK- 4 (4 yr old)

Please Select Days

MTWTF All Day MTWTF AM Only

MWF All Day MWF AM Only

STUDENT INFORMATION:

(1) Students Name _____ **Date of Birth** _____ **Gender:** Male or Female
First M.I. Last

Grade entering _____ **Name of last school attended** _____

-Child's Race (for Federal statistical purposes only) American Indian Alaska Native Asian
 Black or African American Hawaiian or other Pacific Islander White

-Child's Ethnicity (For Federal statistical purposes only) Latino Hispanic Non-Latino or Hispanic

(2) Students Name _____ **Date of Birth** _____ **Gender:** Male or Female
First M.I. Last

Grade entering: _____ **Name of last school attended** _____

-Child's Race (for Federal statistical purposes only) American Indian Alaska Native Asian
 Black or African American Hawaiian or other Pacific Islander White

-Child's Ethnicity (For Federal statistical purposes only) Latino Hispanic Non-Latino or Hispanic

**For additional children please attach a sheet of paper with above information included*

Primary Phone Number _____ **Cell Phone:** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

School District You Live In _____

MEDICAL INFORMATION:

Allergies: _____ **Physical/Medical Concerns** _____

Medication: NO YES **Name/Time of Medication:** _____

NO Medication can be given without signed parent permission AND a signed doctor's order. Please request a form from the school office.

Hospital Preference: St. John's Memorial

In the event of an emergency, do we have your permission to contact emergency medical services and/or take necessary steps to get treatment for your child? Yes No

Parent Signature _____ **Date** _____

(PLEASE TURN OVER AND FILL OUT PARENTAL INFORMATION)

Parent One Information

Last Name _____ First Name _____ Married Single

Primary Phone Number _____ Cell Phone: _____

Home Address _____ City _____ State _____ Zip _____

E-mail Address: _____

Employer: _____ Business Phone: (____) _____

If Remarried, Name of Current Spouse _____ Cell Phone: _____

Parent Two Information

Same Household as Parent One

Last Name _____ First Name _____ Married Single

Primary Phone Number _____ Cell Phone: _____

Home Address _____ City _____ State _____ Zip _____

E-mail Address: _____

Employer: _____ Business Phone: (____) _____

If Remarried, Name of Current Spouse _____ Cell Phone: _____

Child living with: *(Please check all that apply)*

- Mother and Father Mother Only Mother and StepFather Mother Deceased Other _____
- Father Only Father and StepMother Father Deceased

Custodial Parent: Mother and Father Mother Father Other _____

Check if you have an Order of Protection

Office Use:

- Registration Fee Paid. Ck# _____ or cash
- Physical/ Immunizations (Date: _____)
- Dental Exam _____ Eye Exam _____
- Birth Certificate
- Baptismal Certificate
- Records Release Signed