



New Student/Family Registration Form

Family Information

Family Last Name		Home/ Cell Phone Number	
Home Address		Mailing Address	
City, State, Zip		City, State, Zip	
Parish Affiliation - Need Parish Verification		Public School District	

Student(s) Information

	Student 1	Student 2	Student 3	Student 4	Student 5
Legal First Name					
Middle Name					
Legal Last Name					
Nickname					
Date of Birth					
Previous School & Grade					
Gender					
Religion					
Baptism Month and Year					
Baptism Parish-City					
First Reconciliation Year					
First Reconciliation Parish-City					
First Eucharist Month and Year					
First Eucharist Parish-City					

I give authorization for my child to be photographed for use by Holy Family or to be used in newspapers or other media.					
Parent/Guardian Information					
	Contact 1 (must be where student resides)		Contact 2		
Relationship					
First Name					
Last name					
Address					
City, State, Zip					
Home Phone Number					
Cell Phone Number					
Email Address					
Employer/Occupation					
Employer Address					
Work Phone Number					
Work Email Address					
Student Lives with?					
Parent Marital Status:					
The marital status of the student's parents is: _____ Married _____ Single _____ Divorced _____ Separated					
If parents are separated or divorced, who has primary care of the child? _____ Mother _____ Father					
If parents are separated or divorced, custodial arrangement is: _____ Sole _____ Joint					
*Separated or divorced parents, please provide copies of legal documents that list custodial information.					

<input type="checkbox"/> Yes, I currently have other children in the Holy Family School System.	Name - other Siblings not listed above:	Age
<input type="checkbox"/> No, I currently do not have any other children in the Holy Family School System.		
<input type="checkbox"/> I previously had children in the Holy Family School System.		

EMERGENCY MEDICAL CONSENT

In the event that any child may require emergency medical care while I am unable to be reached, I hereby give my consent to the personnel of the Holy Family School System to secure such care. I give consent for MEDICAL and/DENTAL and/or SURGICAL TREATMENT to Hospital Preference listed below; or his/her designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child(ren) as secured or authorized under this consent. COMMENT: Every effort will be made to notify parents/guardians immediately in case of emergency.

Health Insurance Company: _____ **Policy#:** _____

Parent Signature: _____ **Date:** _____

Emergency Contact Information (If Contact 1 or 2 cannot be reached)

	Emergency Contact 1	Emergency Contact 2
Contact Name		
Relationship		
Home Address		
Home Phone #		
Cell Phone #		
Employer		
Work Phone #		
Permission to Pick Up?		

Other Emergency Information:

	Name	Address (address, city, state, zip)			Phone #
Hospital Preference					
Doctor Name					
Dentist					
Eye Doctor					
	Student 1	Student 2	Student 3	Student 4	Student 5
Child has allergies*					
Child has a Lead Test					
Dental visit in the last year-date					
*If yes to allergies please complete the additional medical condition form.					
<p>Pick Up Permission: I hereby give permission for my child to leave the center with the following person named below: It is the responsibility of the parent to notify the school of any changes.</p>					
Name	Address (address, city, state, zip)			Phone #	Relationship to child
Name of persons who may NOT pick up the child(ren)					
If there is a separation or divorce custody problem of which we would be aware, please explain.					
DOCUMENTATION IS REQUIRED.					