

Registration Information

Guardian 1: _____

Address: _____

City/State/Zip: _____

Cell Phone #: (_____) _____

Cell provider: _____

Guardian employer: _____

Employer phone: (_____) _____

Guardian email: _____

Guardian 2: _____

Address: _____

City/State/Zip: _____

Cell Phone #: (_____) _____

Cell provider: _____

Guardian employer: _____

Employer phone: (_____) _____

Guardian email: _____

Emergency contacts (Must be different than guardians listed above):

Contact 1: _____ phone: (_____) _____ relationship: _____

Contact 2: _____ phone: (_____) _____ relationship: _____

Contact 3: _____ phone: (_____) _____ relationship: _____

If emergency contact information is different for different children, please explain:

Child 1: =====

Child's full name: _____ D.O.B.: ____/____/20__ Sex: ___F ___M Requested grade: ____

Is child currently in foster care (circle one): NO YES Is child Hispanic or Latino (circle one): NO YES

Race of child (circle ALL that apply): American Indian or Alaskan Native Black or African American Asian White
Multiracial (two or more races) Native Hawaiian or Pacific Islander

Physical address (no P.O. Boxes): _____ Zip: _____

Mailing address (if different): _____ Zip: _____

County of residence (circle one): Blackford Delaware Grant Henry Jay Madison Randolph

Child lives with: ___both parents ___mother only ___father only ___other (specify) _____

Child's regular medications: _____

Child allergies (especially food): _____

Child's medical insurance: _____ Policy number: _____

Child's religion: _____ If Catholic, list parish where registered: _____

Child 2: =====

Child's full name: _____ D.O.B.: ____/____/20__ Sex: ___F ___M Requested grade: ____

Is child currently in foster care (circle one): NO YES Is child Hispanic or Latino (circle one): NO YES

Race of child (circle ALL that apply): American Indian or Alaskan Native Black or African American Asian White
Multiracial (two or more races) Native Hawaiian or Pacific Islander

Physical address (no P.O. Boxes): _____ Zip: _____

Mailing address (if different): _____ Zip: _____

County of residence (circle one): Blackford Delaware Grant Henry Jay Madison Randolph

Child lives with: ___both parents ___mother only ___father only ___other (specify) _____

Child's regular medications: _____

Child allergies (especially food): _____

Child's medical insurance: _____ Policy number: _____

Child's religion: _____ If Catholic, list parish where registered: _____

Child 3: =====

Child's full name: _____ D.O.B.: ____/____/20____ Sex: ___F ___M Requested grade: ____

Is child currently in foster care (circle one): NO YES Is child Hispanic or Latino (circle one): NO YES

Race of child (circle ALL that apply): American Indian or Alaskan Native Black or African American Asian White
Multiracial (two or more races) Native Hawaiian or Pacific Islander

Physical address (no P.O. Boxes): _____ Zip: _____

Mailing address (if different): _____ Zip: _____

County of residence (circle one): Blackford Delaware Grant Henry Jay Madison Randolph

Child lives with: ___both parents ___mother only ___father only ___other (specify) _____

Child's regular medications: _____

Child allergies (especially food): _____

Child's medical insurance: _____ Policy number: _____

Child's religion: _____ If Catholic, list parish where registered: _____

Child 4: =====

Child's full name: _____ D.O.B.: ____/____/20____ Sex: ___F ___M Requested grade: ____

Is child currently in foster care (circle one): NO YES Is child Hispanic or Latino (circle one): NO YES

Race of child (circle ALL that apply): American Indian or Alaskan Native Black or African American Asian White
Multiracial (two or more races) Native Hawaiian or Pacific Islander

Physical address (no P.O. Boxes): _____ Zip: _____

Mailing address (if different): _____ Zip: _____

County of residence (circle one): Blackford Delaware Grant Henry Jay Madison Randolph

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Child's regular medications: _____

Child allergies (especially food): _____

Child's medical insurance: _____ Policy number: _____

Child's religion: _____ If Catholic, list parish where registered: _____

If I am unavailable or unable to provide authorization, I hereby grant to the school principal or his/her designee the authority to act for me in an emergency and to provide required consents and authorization for emergency care on behalf of all of my children enrolled at the School.

I understand that it is my responsibility to promptly inform the school of any changes to this form, especially address and phone number changes.

Guardian signature: _____ Date: _____