

# ALL SAINTS CATHOLIC ACADEMY 2019-2020 INFORMATION FORM

Family Name \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Work Telephone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_  
 Town, State, Zip Code \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Work Telephone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Previous School & Address (New Students Only) \_\_\_\_\_

PARISH \_\_\_\_\_

<u>Student's Name</u>	<u>Date of Birth</u>	<u>Circle</u>	<u>Grade (for Sept. 2018)</u> (Pre K Half or Full)
_____	_____	M or F	_____
_____	_____	M or F	_____
_____	_____	M or F	_____
_____	_____	M or F	_____

**In case of medical emergency, parents will be contacted first. Please indicate the order in which you, THE PARENT, want to be contacted.**

<u>Parent</u> (please circle)	<u>Phone</u>	<u>Circle</u>
Call 1 <sup>st</sup> : MOTHER    FATHER	_____	Home/Work/Cell
Call 2 <sup>nd</sup> : MOTHER    FATHER	_____	Home/Work/Cell
Call 3 <sup>rd</sup> : MOTHER    FATHER	_____	Home/Work/Cell

**Please list THREE ADDITIONAL people, other than parents, who can be contacted to pick up your child during the school day in the event parents cannot be reached.**

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**IN THE CASE OF EMERGENCY CLOSING, PARENTS WILL BE NOTIFIED BY THE ALERT SOLUTIONS ALERT SYSTEM. PLEASE REMEMBER THERE IS NO AFTER CARE ON EMERGENCY CLOSING DAYS.**

**How will your children get home?**      **In the event of an emergency closing, our children will..... (Check one)**

\_\_\_\_\_ walk home immediately      \_\_\_\_\_ take the bus      \_\_\_\_\_ stay at school and be picked up

(Please turn over and complete other side)

**FOR OFFICE USE ONLY:**

Registration Date ____/____/____	Registration Fee _____	Book Fee _____	HSA Fee _____	Check # _____ Cash _____	Tuition Amt _____
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