

ALL SAINTS CATHOLIC ACADEMY 2021-2022 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. 2021)</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 st : MOTHER FATHER	_____	Home/Work/Cell
Call 2 nd : MOTHER FATHER	_____	Home/Work/Cell
Call 3 rd : 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.

- Name _____ Relationship to Child _____ Phone _____
- Name _____ Relationship to Child _____ Phone _____
- 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

FOR OFFICE USE ONLY:

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

ALL SAINTS CATHOLIC ACADEMY 2021-2022 INFORMATION FORM

Family Name _____

<u>Student's Name</u>	<u>Grade</u>	<u>Allergic to</u>	<u>Medication</u>	<u>Medical Problem</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical Doctor

Name _____
Address _____
Telephone _____

Dentist

Name _____
Address _____
Telephone _____

Home Situation (check all that apply)

Parents reside together _____ Parents separated _____
Single Parent Home _____ Parents divorced _____

Where parents are separated/divorced, who has legal (residential) custody?

(A copy of legal custody papers should be submitted to the school office and will be kept in the Principal's Office.)

It is understood that, in the final disposition of an emergency case, school authorities will proceed to make home contact with parents first, and then the additional emergency contact names listed on the front side of this form. This authorization states that in the event of a medical emergency, the school shall have the legal right to take the student to the hospital or doctor's office in the event a parent or guardian or emergency contact cannot be reached in time for medical attention or care.

Where possible, please have both parents place signatures below.

Date Signature of Parent/Guardian Signature of Parent/Guardian

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