St. Anastasia Catholic School Family Form 2011-2012

Last Name _____
(This is the name the entire family will be registered under)

Mailing Address _____
(Street, City, State, Zip - This is the address where all school correspondence will be sent)

Phone _____ Phone _____
Home Cell

Home Public School District _____ E-Mail _____

Name of Child (First and Last Name)	Birthdate (mm/dd/yy)	Place of Birth (City, State, Country)	Returning or New	2011-2012 Grade

Parent _____ Guardian _____

(Last Name) (First Name)

(Street, City, State, Zip)

Phone Phone Phone
(Home) (Cell) (Work)

(Occupation) (Employer) (Location)

Ethnicity: (Circle One) Hispanic or Latino | Black/African American | Native Hawaiian or Pacific Islander | Two or more races | Asian | White

Parent _____ Guardian _____

(Last Name) (First Name)

(Street, City, State, Zip)

Phone Phone Phone
(Home) (Cell) (Work)

(Occupation) (Employer) (Location)

Ethnicity: (Circle One) Hispanic or Latino | Black/African American | Native Hawaiian or Pacific Islander | Two or more races | Asian | White

Financially Responsible Party

(The person or persons who will be personally responsible for all fees, tuition and other expenses related to the child (children) listed above)

Name (Street, City, St, Zip) (Phone)

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Authorization to pick up child (children) as listed on page one of this form-The following adults (18 years or older) are authorized to pick up the child (children) from school:

Full Name	Address (Street, City, St., Zip)	Phone Number	Relation to Child
1			
2			
3			
4			
5			

Authorization to be notified in case of an emergency concerning the child (children) listed on page one -The following adults (18 years or older) are authorized to be contacted in case of an emergency that would concern the child's (children's safety or well being:

Full Name	Address (Street, City, St., Zip)	Phone Number	Relation to Child
1			
2			
3			
4			
5			

Parents or guardians must notify the principal and/or assistant principal of any court ordered restrictions and provide court issued documents enforcing the restrictions.

Parent/Guardian's Emergency Consent Form

☐ IN CASE OF AN EMERGENCY I (we) authorize St. Anastasia Catholic School to call 911 and take my/our child (children) to the emergency room for medical attention.

☐ IN CASE OF AN EMERGENCY I (we) authorize the emergency medical transport to take my/our child (children) to the emergency room of the nearest hospital, accompanied by a school staff member.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Allergies/Physical Disabilities/Medications (List each child's needs individually)

_____

_____

_____ The child (children) listed on page one of this form does (do) not have any allergies, physical disabilities and is (are) not administered medication Parents/Guardian initials_____ Parents/Guardian initials_____

Physician's Name _____ Phone Number _____

Medical Insurance Carrier _____ Policy Number _____

Other pertinent medical information _____

_____

For office use only Reviewed by _____ Date _____