



## K-8 REGISTRATION 2011– 2012

### **TO BE COMPLETED BY GUARDIAN OF STUDENT**

Grade as of Sept. 2011 \_\_\_\_\_ (Circle) Male or Female Birth Date: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Student Information:**

Student Full Name: \_\_\_\_\_  
LAST FIRST

Student resides with: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Stepfather's Name: \_\_\_\_\_ (Where applicable) Stepmother's Name: \_\_\_\_\_ (Where applicable)

#### **Schedule for K-8 only:**

**Please circle your first choice**

Kindergarten - Monday	1st Grade-Mondays	2nd Grade-Mondays	3rd Grade-Saturday
3:45-4:45 **5 or more students are needed to hold the class.	3:45-4:45 5:00-6:00 6:15-7:15	3:45-4:45 5:00-6:00 6:15-7:15	9:00-10:30
4th Grade-M/T/W	5th Grade-M/T/W	6th Grade-T/W/F/S	
M-3:45-5:15 M-5:30-7:00 T-5:00-6:30 W-5:30-7:00	M-3:45-5:15 M-5:30-7:00 T-5:00-6:30 W-5:30-7:00	T-5:00-6:30 W-5:30-7:00 F-3:00-4:30	**4 <sup>th</sup> and 5 <sup>th</sup> grade classes will be combined if necessary.
7th Grade-T/W/F	8th Grade-T/W/F		
T-5:00-6:30 W-5:30-7:00 F-3:00-4:30	T- 3-4:30 T-5:00-6:30 W-5:30-7:00 F-3:00-4:30	**7 <sup>th</sup> and 8 <sup>th</sup> grade classes will be combined if necessary.	

***Please consider sharing your time and talents with us!***

\_\_\_\_\_ **I am willing to assist in a Youth Formation Class.**  
 \_\_\_\_\_ **I am willing to assist with our high school or middle school youth ministry programs.**

\_\_\_\_\_ Focus on Faith Gathering \_\_\_\_\_ I have a van or truck \_\_\_\_\_ Chaperone \_\_\_\_\_ Retreats

**Emergency Contact:**

Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Information:**

Family Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Emergency Hospital: \_\_\_\_\_ Hospital's Phone #: \_\_\_\_\_

Medical Insurance Company and Policy Number: \_\_\_\_\_

Authorized Medications: \_\_\_\_\_

Family Physician and Phone: \_\_\_\_\_

Special considerations or needs (allergies, asthma, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Write information about student that is pertinent, learning disabilities, family circumstances, etc...**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yes**     **No**    *Group Photos of my child from Mass or Religious Education activities may be posted to the website or print media.*

***All of your child's information will be shared with his/her catechist.***

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Today's Date**

As per Father Mark's letter regarding Mass attendance, I sign indicating my promise to attend Mass each week.

Please make checks payable to St. Anthony's Religious Education.