

**LITTLE FLOWER CATHOLIC SCHOOL
REGISTRATION CARD 2010-2011**

Date of Registration ___/___/___

Registration Fee, Received \$ _____

Student Entering Grade _____

Date Student will begin classes ___/___/___

Student # _____

STUDENT INFORMATION

Student's Legal Last Name _____ Legal First Name _____ Middle Name _____ Nickname/Name Student Goes By _____

_____/_____/_____
Social Security Number Birth date Month/Day/Year Male/Female Gender _____/_____/_____
Place of Birth City / State / Country

Home Phone # _____ Permitted in Directory: Yes() No() Guardian e-mail address _____ Permitted in Directory: Yes() No()

Student's Phone # _____ Permitted in Directory: Yes() No() Student's e-mail address _____ Permitted in Directory: Yes() No()

Student Home Address-Permitted in Directory: Yes() No() **Student Mailing Address (if different)**-Permitted in Directory: Yes() No()

Street Address _____ Street Address or P. O. Box _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Ethnic Origin: (Check one)

_____ American Indian/Native Alaskan _____ Asian _____ Black _____ Hispanic
_____ Multi-Racial _____ Native Hawaiian/Pacific Islander _____ White

Primary language spoken at home: _____

Prior School Attended: _____

What Public School attendance area do you reside in? _____

Student's Religion _____ If Catholic, what Parish is student registered in? _____

Permission to publish student photo in brochures, on web site, or in the newspaper or other similar publications? Yes() No()
How did you hear about our school?

_____ Newspaper Advertisement _____ Billboard _____ Radio /Television Advertisement
_____ Church Bulletin _____ Phone Book _____ Internet Search
_____ Parent Referral (if so, please let us know who so that we can thank them) _____

FAMILY INFORMATION

Student Primarily Lives With: (Check one)

_____ Mother and Father _____ Mother _____ Mother/Stepfather _____ Grandparent/Guardian
_____ Father _____ Father/Stepmother _____ Other

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paperwork at the time of registration so that a copy may be placed in the records.

Names and ages of siblings: _____

Parent Information:	Legal Female Guardian	Legal Male Guardian
Relationship (circle one):	Mother / Stepmother / Grandmother / Guardian / Other	Father / Stepfather / Grandfather / Guardian / Other
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager Number:		
Work Address:		
Work Phone Number:		
Marital Status:		
Religion:	Alumni: Yes() No()	Alumni: Yes() No()

STUDENT SACRAMENTAL INFORMATION

If Catholic, please give the following information:

Baptism: No () Yes ()
Reconciliation: No () Yes ()

Eucharist: No () Yes ()
Confirmation: No () Yes ()

If your child has not received any of the sacraments (Baptism, Reconciliation, Eucharist by grade 3, Confirmation in high school), please contact your parish.

EMERGENCY/HEALTH INFORMATION AND CONSENT

In case of an **emergency** when parent or guardian cannot be reached, contact:

Emergency Contact #1	_____	Name	_____	Relationship	_____
	_____	Home Phone #	_____	Work Phone #	_____
	_____		_____	Cell Phone #	_____
Emergency Contact #2	_____	Name	_____	Relationship	_____
	_____	Home Phone #	_____	Work Phone #	_____
	_____		_____	Cell Phone #	_____

The following persons (in addition to the emergency contacts above) are authorized to pick up my child from school:

Authorized Pickup #1	_____	Authorized Pickup #2	_____	Authorized Pickup #3	_____
Preferred Doctor	_____	Phone #	_____	Preferred Hospital	_____
Preferred Dentist	_____	Phone #	_____		

I give my permission for my child to receive emergency medical treatment, if necessary: ()Yes() No:

I give my permission to call 911 ()Yes ()No:

List any medical considerations of which the School should be familiar, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the doctor.)

Please list all allergies: _____

STATEMENT OF COOPERATION

In making application for my child it is my desire to have him/her complete the school year **2010-2011**. It is also my understanding that the policy of the school is to make no refunds on fees. If a child is withdrawn prior to the first day of classes, there will be no refund of two (2) months of tuition. Refunds of tuition during the school year will be refunded as per diocesan policy. I hereby agree that my child shall abide by the policies, rules and regulations of Your School at all times. I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and I absolve the school from liability to me or my child because of loss of property or because of any injury to my child at school or during any school activity.

_____	_____	_____
Parent Signature	Parent Signature	Date

GRANDPARENT INFORMATION (HIGH SCHOOL ONLY)

Paternal Grandparents _____	Maternal Grandparents _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
CHS Alumni? ()Yes ()No Year: _____	CHS Alumni? ()Yes ()No Year: _____

FINANCE INFORMATION

Name & address of person responsible for tuition & other financial obligations. (If different from parent or guardians listed above)

Name: _____ Phone # _____

Address: _____

VERIFICATION INFORMATION (FOR OFFICE USE ONLY)

Pastor Verification: Y() N() Date: _____ Immunization Record (Up to date): Y() N() Date: _____

Baptism Certificate (If Catholic-- Elementary Schools Only): Y() N() Date: _____

Physical Examination by Florida Physician/Clinic (For all Elementary Students and High School Athletes Only): Y() N() Date: _____

Birth Certificate (Must be original birth certificate with seal or a certified copy): Y() N() Date: _____