



REGISTRATION FORM A

(for students enrolled last year)

Please complete **ONE FORM FOR EACH STUDENT:**

{ PLEASE PRINT CLEARLY }

STUDENT'S LAST NAME	FIRST NAME	GRADE
STREET ADDRESS	CITY	STATE ZIP
HOME PHONE	FAMILY EMAIL ADDRESS	

- Please check here if your home phone or address has changed since last year
- Please check here if there any medical needs or learning needs that the teacher should be aware of :

EMERGENCY CONTACTS:

(1) NAME: _____ PHONE NUMBER(S): _____
 CHECK ONE: Mother Father Stepparent Other: _____

(2) NAME: _____ PHONE NUMBER(S): _____
 CHECK ONE: Mother Father Stepparent Other: _____

EMERGENCY MEDICAL INFORMATION:

I, _____ give my permission for my child _____
 to receive medical attention if necessary. Please contact Dr. _____ (physician)
 or Dr. _____ (dentist) and use _____ (hospital)
 if necessary.

 Signature of parent or guardian Please print name Date

Please indicate any facts concerning the **CHILD'S MEDICAL HISTORY**, including **allergies, medications** being taken, and any **physical impairments** to which a *physician should be alerted in an emergency situation*:

- Please check here if you can **help** with some of our **activities** this year. Name: _____
- Please check here if you are a **catechist** or **teaching assistant**.

PLEASE NOTE: To cover the cost of the program, the fee for this year is **\$30 per student**. (Please contact the DRE if financial assistance is needed. No one will be turned away from an inability to pay the fee.) Please make checks payable to **St. Mary Basilica**.

- OFFICE USE ONLY -

Fee paid: Yes No
 Cash Check # _____ Amount \$ _____
 Permission form completed: Yes No
 Registration volunteer: _____

*** PLEASE REGISTER BEFORE SEPTEMBER 1st ***