

Parent/Family Name _____

Saint Anne Catholic School 2009-2010 Parent/Student General and Emergency Information

Student #1 Last Name _____ First Name _____ Grade _____

Student #2 Last Name _____ First Name _____ Grade _____

Student #3 Last Name _____ First Name _____ Grade _____

Student #4 Last Name _____ First Name _____ Grade _____

Student(s) live(s) with: Both Parents Guardian (Relationship)
 Father only Father/Stepmother Mother deceased
 Mother only Mother/Stepfather Father deceased

FATHER/MALE GUARDIAN INFORMATION

Last Name _____

First Name _____

Home Phone _____

Cell Phone _____

Religion _____

Church / Parish _____

St. Anne Envelope Number _____

US Citizen ____ Yes ____ No

Marital Status _____

Occupation _____

Employer _____

Employer Phone + Ext. _____

MOTHER/FEMALE GUARDIAN INFORMATION

Last Name _____

First Name _____

Home Phone _____

Cell Phone _____

Religion _____

Church / Parish _____

St. Anne Envelope Number _____

US Citizen ____ Yes ____ No

Marital Status _____

Occupation _____

Employer _____

Employer Phone + Ext. _____

PRIMARY Student Street Address _____

City _____ State _____ Zip _____

ALTERNATE Student Street Address _____

City _____ State _____ Zip _____

(CONTINUED ON OTHER SIDE)

Parent/Family Name _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

1ST Emergency Contact _____ Phone + Extension _____

Relationship to student(s) _____

2nd Emergency Contact _____ Phone + Extension _____

Relationship to student(s) _____

3rd Emergency Contact _____ Phone + Extension _____

Relationship to student(s) _____

If you cannot be reached in an emergency and, if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, you authorize the school authorities to send you child (properly accompanied) to an available hospital or physician.

_____ Initial indicates agreement.

As a parent and/or legal guardian, I/we authorize the treatment of my/our minor child(ren) by a qualified and licensed medical physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to contact me/us.

_____ Initial indicates agreement.

Parent/Guardian's Signature Date

Parent/Guardian's Signature Date

NCEA DATABANK INFORMATION.

Each year we are required to forward information about the ethnic makeup of our school to the National Catholic Education Association. Please complete the following based upon your child(ren)'s ethnicity and religious affiliation by placing the appropriate numbers in the following table.

	CATHOLIC	NON-CATHOLIC
AMERICAN INDIAN/ NATIVE ALASKAN		
ASIAN		
BLACK		
HISPANIC		
NATIVE HAWAIIAN/PACIFIC ISLANDER		
WHITE		
MULTI RACIAL		

Parent/Family Name _____

AFTER SCHOOL PROGRAM ADDENDUM

ADDITIONAL NAMES OF ALL PERSONS AUTHORIZED TO PICK UP CHILD(REN) FROM AFTER SCHOOL PROGRAM. DO NOT INCLUDE PARENTS/GUARDIANS OR EMERGENCY CONTACTS LISTED PREVIOUSLY.

Name Telephone

Address Cell Phone

City State Zip
_____ Initial

Name Telephone

Address Cell Phone

City State Zip
_____ Initial

Name Telephone

Address Cell Phone

City State Zip
_____ Initial

Name Telephone

Address Cell Phone

City State Zip
_____ Initial