

St. Philip of Jesus School  
**Registration 2010-2011**

Date \_\_\_\_\_

Family Name \_\_\_\_\_

List Children attending SPJ with the Oldest first:

Grade: \_\_\_\_\_ Medical Information: \_\_\_\_\_ Allergies, \_\_\_\_\_ Medication, \_\_\_\_\_ and / or \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Mother's Information: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Information: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please list in order of preference who you authorize to pick up your child if you cannot be reached. This would include during the day, after dismissal, after school program and after school activities.

- | Name:    | Relation: | Address: | Home Phone: | Cell Phone: |
|----------|-----------|----------|-------------|-------------|
| 1. _____ | _____     | _____    | _____       | _____       |
| 2. _____ | _____     | _____    | _____       | _____       |
| 3. _____ | _____     | _____    | _____       | _____       |
| 4. _____ | _____     | _____    | _____       | _____       |

In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me I hereby authorize the school to call the primary physician listed below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements it deems necessary.

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

If divorced or separated: Who has Custody? \_\_\_\_\_ Joint \_\_\_\_\_ Single A copy of the custody agreement must be provided for the file. Name of the responsible party: \_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_

\_\_\_\_\_ Date