

ST. BERNADETTE CATHOLIC ACADEMY - REGISTRATION FORM 2012/2013

Please indicate GRADE LEVEL for September 2012:

GRADE: K 1 2 3 4 5 6 7 8

PRESCHOOL:

3-YEAR-OLD

4 YEAR OLD

_____ 3 Day **AM** Preschool
_____ 3 Day **Full** Day Preschool

_____ 5 Day **AM** Preschool
_____ 5 Day **Full** Day Preschool

_____ 3 Day **AM** Preschool
_____ 3 Day **Full** Day Preschool

_____ 5 Day **AM** Preschool
_____ 5 Day **Full** Day Preschool

ST. BERNADETTE PARISHIONER

Meets all criteria listed: Parent and child baptized Roman Catholic; officially registered in St. Bernadette Parish; attends Mass at St. Bernadette on a regular basis; supports St. Bernadette Parish financially through the use of the church envelopes.

Are you a registered parishioner of St. Bernadette Parish? Yes_____ No_____ If yes, Parish Registration#_____

STUDENT INFORMATION: () Female () Male HOME PHONE# _____

NAME: LAST FIRST MIDDLE STREET ADDRESS CITY ZIP

BIRTH DATE BIRTHPLACE (CITY & STATE) SOCIAL SECURITY NUMBER

STUDENT'S RELIGION: _____

BAPTIZED (date) _____ (CHURCH Name & Address) _____

1ST COMMUNION (date) _____ (CHURCH Name & Address) _____

CONFIRMATION (date) _____ (CHURCH Name & Address) _____

SCHOOL TRANSFERRED FROM: _____ GRADE _____

ADDRESS _____

REASON FOR TRANSFER: _____

HEALTH: Does child have any major physical disabilities? Yes _____ No _____

If yes, please describe briefly: _____

Other pertinent information: _____

CHILD CUSTODY:

Because St. Bernadette Catholic Academy assumes responsibility for children in the school, it is important that the school is notified of any special court sanctioned arrangements regarding custody of and access to children whose parents are divorced and/or separated.

Child lives with: _____ both parents _____ mother _____ father _____ step/mother _____ step/father
_____ other (please explain)

Parent with legal custody _____

See attached copy of original Divorce Decree and/or Custody Decree

PARENT STATUS: _____ Married

Father: _____ Deceased
_____ Separated
_____ Divorced
_____ Remarried
_____ Single

Mother: _____ Deceased
_____ Separated
_____ Divorced
_____ Remarried
_____ Single

PARENT INFORMATION:

FATHER'S HOME PHONE # _____

MOTHER'S HOME PHONE # _____

FATHER'S CELL PHONE # _____

MOTHER'S CELL PHONE # _____

FATHER'S SOCIAL SECURITY # _____

MOTHER'S SOCIAL SECURITY # _____

MOTHER'S MAIDEN NAME _____

FATHER'S EMPLOYER:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

FATHER'S WORK PHONE # _____

MOTHER'S EMPLOYER:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

MOTHER'S WORK PHONE # _____

FATHER'S INFORMATION:

LAST NAME FIRST NAME ADDRESS CITY STATE ZIP

BIRTHPLACE (City, State, Country) RELIGION YRS. ATTENDED SCHOOL OCCUPATION

MOTHER'S INFORMATION:

LAST NAME FIRST NAME ADDRESS CITY STATE ZIP

BIRTHPLACE (City, State, Country) RELIGION YRS. ATTENDED SCHOOL OCCUPATION

SIBLINGS OF STUDENT:

Number of Brothers: _____ Older _____ Younger Number of Sisters: _____ Older _____ Younger

STEPPARENT/GUARDIAN INFORMATION

STEPPARENT INFORMATION:

LAST NAME FIRST NAME ADDRESS CITY STATE ZIP

BIRTHPLACE (City, State, Country) RELIGION YRS. ATTENDED SCHOOL OCCUPATION

GUARDIAN INFORMATION:

LAST NAME FIRST NAME ADDRESS CITY STATE ZIP

BIRTHPLACE (City, State, Country) RELIGION YRS. ATTENDED SCHOOL OCCUPATION

STEPPARENT'S HOME PHONE # _____

GUARDIAN'S HOME PHONE # _____

STEPPARENTS'S CELL PHONE # _____

GUARDIAN'S CELL PHONE # _____

STEPPARENT'S WORK PHONE # _____

GUARDIAN'S WORK PHONE # _____

STEPPARENT'S SOCIAL SECURITY # _____

GUARDIAN'S SOCIAL SECURITY # _____

STEPPARENT'S EMPLOYER:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

GUARDIAN'S EMPLOYER:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME LANGUAGE SURVEY

1. What language do you (parent) use most frequently to speak to your child? _____
2. Which language does your child use most when he/she speaks to you? _____
3. What was the first language your child learned? _____
4. Which language does your child use most often when he/she speaks to his/her friends? _____
5. List all languages spoken by your child. _____
6. What other languages does your child hear, other than English? (Example: from grandparents, daycare, babysitters)

RACE/ETHNICITY BACKGROUND OF STUDENT (Check One)

- American Indian or Alaskan Native** – Persons having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliations or community attachment.
- Asian** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, Korea, India, and the Philippine Islands.
- Black or African American** – Persons having origins in any of the Black racial groups of Africa, but not of any Spanish speaking culture or origin.
- Hispanic or Latino** – Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- White** – Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Native Hawaiian or Other Pacific Islander** – Persons having origins in any of the original peoples of Hawaii or other Pacific Islands, such as Guam and Samoa, and who maintain cultural identification through tribal affiliation or community recognition.
- Two Or More Races** – Persons of two distinct races, e.g., Asian/White; Black/White; Asian/Black, etc. Or not covered by the above categories.

PUBLIC ELEMENTARY SCHOOL

Please indicate the name and location of the Public Elementary School student would attend if not attending St. Bernadette Catholic Academy:

Name	City	Zip Code
------	------	----------

MEDICAL EMERGENCY

In the event of a medical emergency at St. Bernadette Catholic Academy, every effort will be made to contact the parent. Emergency transport to the closest hospital will be provided via the Evergreen Park paramedics. Please accept this as my authorization to render minor first aid/emergency transportation for the above said student for any illness/injury that may be sustained during the school day and while participating in school related activities.

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

E-MAIL ALERT

In case of an emergency and parent cannot be contacted by phone, an email may be sent to either parent.

E-MAIL (MOM): _____

E-MAIL (DAD): _____