



**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 forms completed:  1<sup>st</sup> Sem.  2<sup>nd</sup> Sem.  
 Registration volunteer: \_\_\_\_\_

\*\*\* PLEASE REGISTER BEFORE SEPTEMBER 13<sup>TH</sup> \*\*\*