

REGISTRATION FORM

City Resident _____
Non-city resident _____

FOR OFFICE USE ONLY:
Registration Fee _____
Student Act. Fee _____

Family Name _____

Address: _____ Zip _____ Phone: _____

Parishioner _____ Catholic _____ Non-Catholic _____

Public School Dist. _____ and Neighborhood Public School _____

Child/Children Attending St. Roch (oldest child first, then descending order) **CURRENT**

Name: _____ Grade _____ Birthdate: _____ Height: _____ Weight: _____

Name: _____ Grade _____ Birthdate: _____ Height: _____ Weight: _____

Name: _____ Grade _____ Birthdate: _____ Height: _____ Weight: _____

Mother's Name _____ Father's Name _____

Home Phone: _____ Home Phone: _____

Pager/Cell No. _____ Pager/Cell No. _____

Place of Employment: _____ Place of Employment: _____

Occupation: _____ Occupation: _____

Business Phone: _____ Business Phone: _____

EMERGENCY: NEIGHBOR OR RELATIVE TO CALL IN CASE OF EMERGENCY (ILLNESS OR DISASTER)

1. Name _____ Relationship _____

Address _____ Phone: _____

2. Name _____ Relationship _____

Address _____ Phone: _____

3. Name _____ Relationship _____

Address _____ Phone: _____

Doctor's Name _____ Phone: _____ Hospital _____ Ambulance if

not a city hospital and phone _____

Yes or NO: My child _____ has a diagnosed medical conditions that may require the school to make adjustments or plans for emergency response.

Allergies - Child's Name _____ Allergies _____

Child's Name _____ Allergies _____