



## Holy Rosary Regional School - Juan Diego Academy PK3 & PK4 Student Registration 2017-18

**Please attach \$150.00 Non-Refundable Registration Fee per Student (max of \$300.00 per family)  
After March 25<sup>th</sup>: \$200 Non-Refundable Registration Fee per Student (max of \$400.00 per family)  
New Families Only: \$50 Application Fee**

STUDENT INFORMATION			GRADE:		
Last Name	First Name	Middle Name			
Home Address	City/State/Zip				
Birthdate	Birth Place	Sex	Current Age		
<b>Child resides with:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Arrangement <b>Parental Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Who has legal custody? _____ <b>Child is:</b> <input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Other					
<b>Ethnic Background for Reporting Purposes (optional). Please circle one:</b> Native American    Asian    Black    Hispanic    Pacific Islander    White (not Hispanic origin)    Mixed Race					
<b>Childs last physical exam:</b>					
<b>Are you aware of any learning, physical, or emotional difficulties with your child? Yes _____ No _____</b> <b>If yes, please explain:</b>					
<b>Does your child have any allergies? Yes _____ No _____</b> If yes, please explain allergy, expected symptoms and method of treatment if necessary. *If medication is required to be left at school, please see office for Medical Authorization Form.					
<b>FATHER/GUARDIAN</b>		<b>Catholic</b> <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>	<b>Registered at</b> _____		<b>Parish</b>
Last Name	First Name	Cell Phone			
Home Address	City/State/Zip				
Employer/Occupation			Work Phone		
Email (required)				Other	
<b>MOTHER/GUARDIAN</b>		<b>Catholic</b> <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>	<b>Registered at</b> _____		<b>Parish</b>
Last Name	First Name	Cell Phone			
Home Address	City/State/Zip				
Employer/Occupation			Work Phone		
Email (required)				Other	
<b>EMERGENCY CONSENT</b>					
I, _____ give permission to HRRS/JDA to seek and approve medical care in case of an emergency situation if the parent/s cannot be reached.					

**EMERGENCY CONTACT INFORMATION - Local Contacts Only Please**

Persons to contact in case of an emergency (if parent/guardian cannot be reached) and who are authorized to pick up the student at school.

Emergency Contact Person 1	Cell Phone	Other Phone	Relationship
Emergency Contact Person 2	Cell Phone	Other Phone	Relationship
Emergency Contact Person 3	Cell Phone	Other Phone	Relationship
Emergency Contact Person 4	Cell Phone	Other Phone	Relationship
Emergency Contact Person 5	Cell Phone	Other Phone	Relationship
Babysitter/Daycare Name	Business Phone	Other	Notes:
Local Physician	Address	Insurance / Policy Number	Phone Number
Local Dentist	Address	Insurance / Policy Number	Phone Number
<b>STUDENT SACRAMENTAL INFORMATION:</b>			
Baptism Date	Church	City/State/zip	

**How did you hear about Holy Rosary Regional School / Juan Diego Academy? If referred, please list name of family.**

**Grandparents' name and email (to mail newsletter)**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I understand that by signing I am responsible for providing all required forms such as certificate of immunization or certificate of exception, health history form and the date of the my child/s last physical exam. I understand that all documents required must be turned in prior to my child/s first day of school.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_