

Queen of Angels School
Family Registration 2010-2011

Print Family Name _____

Today's date _____ We are a: Returning family New family

Please check the parish in which you are registered:

Queen of Angels Parish St. Joseph Parish St. Mary Star of the Sea Parish Other Not a member of a parish

What form of tuition payment will you be using:

Full Pay

(Cash / Check (3% discount))

FACTS

Credit Card

Full payment - no discount

Father's Information:

Father's Name _____

Preferred first name _____

Address _____

City / State / Zip

Home Phone _____

Business Phone _____

Cell Phone _____

Occupation _____

Place of Employment: _____

Religion _____

Marital Status Married Single

Divorced Widowed

Student resides with this parent Yes No

Mother's Information:

Mother's Name _____

Preferred first name _____

Mother's Maiden Name _____

If different than Father's ...

Address _____

City / State / Zip

Home Phone _____

Business Phone _____

Cell Phone _____

Occupation _____

Place of Employment: _____

Religion _____

Marital Status Married Single

Divorced Widowed

Step parent within the student's household

Name _____ Occupation: _____

Place of Employment _____ Business Phone _____ Cell Phone _____

Religion _____

Family E-Mail Address:

Print E-mail address clearly please

E-mail is checked : Daily Weekly Monthly

May your e-mail address be printed / given out for other school families? Yes No

Print Family Name

Family Directory

Each fall a family directory is made up and sent home to each school family. It includes the name, grade and birth date of each student as well as parents' name, address and telephone number. This information is for the use of school families only. What telephone number do you wish to be printed?

Student Medications:

All medications must be kept in the school office. If medication is required to be taken at school there are specific papers that MUST be filled out by a doctor and filed in the school office with the medication. ABSOLUTELY NO MEDICATIONS will be given unless we have papers filled out by the doctor. All medications must be in the ORIGINAL container.

ONLY EXCEPTION: Cough drops may be kept in the school office with the name of the child and a note from the parent.

Siblings

Knowing if there are other children living in the home sometimes helps teachers understand students better.

Please list the names and ages of siblings living in your home.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

When parents cannot be reached we need names of friends or relatives that **live locally** that would be your **EMERGENCY CONTACTS** for your children. Please list at least 2 contacts ... more if you feel necessary.

1) _____
Name of Contact Relationship to student (s)

Contact numbers - home phone cell work phone

2) _____
Name of Contact Relationship to student (s)

Contact numbers - home phone cell work phone

3) _____
Name of Contact Relationship to student (s)

Contact numbers - home phone cell work phone

4) _____
Name of Contact Relationship to student (s)

Contact numbers - home phone cell work phone

On Wednesdays we send home an information packet for parents. It is usually sent home with the oldest child. Sometimes parents prefer another child to bring it home.

I would like the Wednesday envelope to be brought home by:

Student Name _____ Grade _____