

Our Lady of the Snows School

ENROLLMENT/EMERGENCY INFORMATION

Full Name _____ Grade _____
(Last) (First) (Middle - Not Initial)

Student's Address _____ City _____ Zip _____ Home Phone: _____

Student's Mailing Address _____ SSN _____
(If different from above)

Previous School & State _____

Ethnicity (Check One) Birth-date: _____ Sex: Male Female

American Indian/Native Asian Hispanic Black White Biracial Other _____

Father's Name _____ Lives With YES NO Day Phone _____

Employer _____ Cell Phone _____

Father's Address _____ Email _____

Deceased _____ Remarried _____ Separated _____ Divorced _____ Stepmother's Name _____

Mother's Name _____ Lives With YES NO Day Phone _____

Employer _____ Cell Phone _____

Mother's Address _____ Email _____

Deceased _____ Remarried _____ Separated _____ Divorced _____ Stepfather's Name _____

Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child etc? Yes No (It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes).

Please list below 2 persons to be called in the event a parent/guardian cannot be reached & if school can release your child to this person:

| | | | |
|------------|--------------------|------------------|---|
| Name _____ | Relationship _____ | Phone Nos. _____ | Release? <input type="radio"/> YES <input type="radio"/> NO |
| Name _____ | Relationship _____ | Phone Nos. _____ | Release? <input type="radio"/> YES <input type="radio"/> NO |

1. List any **current** medical condition, injury, illness, disease or surgery. _____

2. Does your child have a food, insect, drug or Latex allergy? _____ If yes, List: _____

3. Is your child prescribed: Epi-Pen? YES NO Twin-ject? YES NO

4. Does your child have Asthma? YES NO Does your child use an Inhaler? YES NO

5. Does your child have Type 1 or 2 Diabetes? YES NO

6. Does your child have a history of seizures? YES NO Medication prescribed? YES NO Specify _____

7. Does your child **routinely** take medication? YES NO If yes, List _____

8. Will student need medication administered at school? YES NO

If yes, See School Office. Students are NOT permitted to possess medications.

AS PARENT/GUARDIAN OF THE ABOVE, I VERIFY THAT THE INFORMATION ON THIS ENTIRE FORM IS CURRENT, THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION. I AUTHORIZE ANY SCHOOL PERSONNEL TO TAKE REASONABLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY: Registration \$100.00 fee paid: _____ Accepted by: _____
 (Registration Fee is Non-Refundable)

The Following forms are on file in the school Office

____ Birth Certificate _____ Baptismal Certificate _____ Reconciliation Certificate _____ Confirmations Certificate

____ Copy of Parent ID _____ Yearly Vision Screening _____ Current Physical Records _____ Current Dental Records
(New Students, Kindergarten) (Pre-School, New Students, and 6th grade) (New Pre-school, Kindergarten, 2nd grade, 6th Grade)