



FAMILY REGISTRATION FORM 2017-2018

STUDENT	SEX	GRADE ENTERING	DATE OF BIRTH	RACE	CIRCLE ONE
_____	_____	_____	_____	_____	Hispanic Non-Hispanic
_____	_____	_____	_____	_____	Hispanic Non-Hispanic
_____	_____	_____	_____	_____	Hispanic Non-Hispanic
_____	_____	_____	_____	_____	Hispanic Non-Hispanic
_____	_____	_____	_____	_____	Hispanic Non-Hispanic

Father _____ Place of Employment _____ Phone _____

Mother _____ Place of Employment _____ Phone _____

Mother's Maiden Name _____ Home Phone _____

Mailing Address _____ Cell Phone (Mom) _____

City/State/Zip _____ Cell Phone (Dad) _____

Email Address (Mom) _____ (Dad) _____

Marital Status of Parents _____ Custody _____

Religion _____ Church You Attend _____

Will you be applying for subsidy from your church parish? Yes _____ No _____

Will your child(ren) be attending After School Care _____ A \$10.00 registration fee will be charged with your first bill.

Child Allergies _____ Medication at School _____

Third Party Release Emergency Numbers & Persons To Whom Child may be Released:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Family Doctor _____ Phone _____

I HEREBY AUTHORIZE O.L.I. PERSONNEL AND COACHES:

- To care for my child during the time he or she is under the supervision of O.L.I. personnel and coaches.
- To secure emergency medical care for my child in case of inability of the school to reach me.

Signature of Parent Guardian

Date