

New Family Option C Database Information

Family Last Name: _____ Family E-mail: _____

Student Information:

First	Middle	Last	Religion	Ethnicity	Birth Date	Birth City	Birth State

Parent/Guardian #1 Information: *Please check all that apply* Parent Married Divorced with Full Custody *
 Divorced with Joint Custody * Single Guardian *If you are divorced and have custodial paperwork that would be pertinent to school time, please provide a copy for your child's file. This information will be kept confidential.

First	Last	Street	City	State	Zip

Religion	Ethnicity	Maiden Name	Home ☎	Cell ☎	Work ☎

Parent/Guardian #2 Information: *Please check all that apply* Parent Married Divorced with Full Custody *
 Divorced with Joint Custody * Single Guardian *If you are divorced and have custodial paperwork that would be pertinent to school time, please provide a copy for your child's file. This information will be kept confidential.

First	Last	Street	City	State	Zip

Religion	Ethnicity	Maiden Name	Home ☎	Cell ☎	Work ☎

Please list below any persons that are NOT allowed to pick your child(ren) up from school

Permissions: Please write Yes or No in boxes below the questions.

Child's Name	Can we Insert their name into publications?	Can we insert their picture into publications?	Can we insert their artwork into publication?	Can your child use the internet?	Please send flyers home with (mark 1)

Emergency Contact - Someone NOT living with you - Please give 3 contacts if possible.

First	Last	Street	City	State	Zip

Relationship	Home 📞	Cell 📞	Work 📞

First	Last	Street	City	State	Zip

Relationship	Home 📞	Cell 📞	Work 📞

First	Last	Street	City	State	Zip

Relationship	Home 📞	Cell 📞	Work 📞

Parish and Sacraments - Please provide school office copies of sacrament certificates

Religion	Parish	Member since

Name	Sacrament	Parish	Date Received

Medical Provider Information (if the information is the same for all of your children, please indicate by writing “same” in the Doctor field)

Child	Doctor	Clinic	Street	City	Zip	Main ☎

Dental Provider Information (if the information is the same for all of your children, please indicate by writing “same” in the Dentist field)

Child	Dentist	Clinic	Street	City	Zip	Main ☎

Primary Hospital (if the information is the same for all of your children, please indicate by writing “same” in the Hospital field)

Child	Hospital	Street	City	Zip	Main ☎

Medical Information

Child	Allergies to Medicine	Allergies to Environment	Allergies to Food	Intolerance to Food	Allergy to Bees	Helpful Medical Information