

ST. MARY CATHOLIC SCHOOL - FOR OUR RECORDS 2009 - 2010

CHILD'S LAST NAME: _____ **HOME PHONE NO.:** _____
STREET ADDRESS: _____ **POSTAL CODE:** P0M 1H0 or _____

Mother's Last Name: _____ Mother's First Name: _____ Workplace: _____ Phone No. _____ Ext. _____ Cell No. _____	Father's Last Name: _____ Father's First Name: _____ Workplace: _____ Phone No. _____ Ext. _____ Cell No. _____
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Babysitter/Day Care Provider : _____ Phone: _____

Children's Names	Grade	D.O.B. (M/D/Y)	Teacher	Health Card #

FAMILY DOCTOR: _____ **PHONE:** _____

Please indicate your child(ren)'s medical concerns below. Please use the back if necessary.

Name	Allergy/Medical Concern/Takes Medication (home or school)
_____	_____
_____	_____
_____	_____

Custody Arrangements Pertaining to Child(ren):

Mom Dad Both Other (please specify) _____

Custody Papers on file at school: Yes No *School MUST have Custody Papers on file to enforce restrictions*

Restrictions: No Yes Specify type of restriction: _____

Student(s) living with:

Both Parents Mother only Father only Grandparents Mother and other Father and other

IN CASE OF EMERGENCY, INJURY OR ILLNESS (IF PARENTS CANNOT BE REACHED) PLEASE CALL:

1st CALL - NAME: _____ PHONE: _____

2nd CALL - NAME: _____ PHONE: _____

3rd CALL - NAME: _____ PHONE: _____

I give St. Mary School permission to:

in the case of an emergency transport my child(ren) to the hospital or doctor

take my child(ren) on field trips in the Capreol/Sudbury area.

Parent(s)/Guardian(s) Signature: _____ Date: _____