#### St. Ambrose Registration Form 2017/2018

**Parent/Guardian #1 - where student resides** (Please enter all phone numbers as area code-prefix-number): Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_ Birthplace: \_\_\_\_ \_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_ Zip:\_\_\_\_ Marital Status:\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_ Cell Phone: \_\_\_\_ Parish:\_\_\_\_ Occupation:\_\_\_\_ Relationship to child:\_\_\_\_\_ \_\_\_\_\_ Email:\_\_\_\_ Parent/Guardian #2: Last Name: \_\_\_\_\_\_ First Name: \_\_\_\_\_ M.I.:\_\_\_ Birthplace: \_\_\_\_ Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_ Religion:\_\_\_\_\_\_ Occupation:\_\_\_\_\_ Relationship to child:\_\_\_\_\_ Email:\_\_\_\_ If address and home phone for parent/guardian #2 is the same as the above, please leave the following line blank. \_\_\_\_\_\_ City:\_\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_\_ Marital Status:\_\_\_\_ If either parent is deceased, please check: \_\_\_\_Mother \_\_\_\_Father **Emergency Contacts/Other responsible persons:** (#3) Last Name:\_\_\_\_\_\_ First Name: \_\_\_\_\_\_ Relationship:\_\_\_\_\_ Phone:\_\_\_\_\_ (#4) Last Name:\_\_\_\_\_\_ First Name: \_\_\_\_\_\_ Relationship:\_\_\_\_\_ Phone:\_\_\_\_\_ (#5) Last Name: \_\_\_\_\_\_ First Name: \_\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ **Medical Information:** Doctor's Name: Phone: Preferred Hospital: Phone: Preferred Hospital: Phone: Phone:\_\_\_\_\_ Health Ins./ID#:\_\_\_\_ Maternal Grandparents:\_\_\_\_\_\_ Address:\_\_\_\_\_\_ Phone:\_\_\_\_\_ Paternal Grandparents:\_\_\_\_\_\_ Address:\_\_\_\_\_ Phone: **Emergency School Dismissal** Should we be required to close before dismissal time, we will announce the emergency closing. We will call families as needed. Please discuss emergency procedures with your child. We will make every effort to avoid an early closing. Should the school find it necessary to close early, please provide us with the following directions: \_\_ Send child home as usual (walk, carpool, etc.) Send child/children to \_\_\_\_\_\_\_Phone:\_\_\_\_\_Phone:\_\_\_\_\_ They are informed of our emergency procedures. Please call: \_\_\_\_\_ Phone: **Transportation Procedures** We have made provisions for our child/children to go home in the following manner (please list any and all people the child may ride with): \_\_\_\_ Walk home \_\_\_\_ Ride in carpool with \_\_\_\_\_ Ride bicycle Ride with parent

Other arrangements (be specific) \_\_\_\_\_

# **Authorization Form for 2017/2018 Please sign all three sections.**

Name of student(s):	Grade(s):		
Please check and sign in the spaces provided.			
The school may include my child's name and pic	eture in the following publications:		
School newsletter/handouts	School yearbook		
Alton Telegraph/Advantage/Cath			
School information in parish bul	letin / handouts		
Signature of Parent	Date		
Please ( include / do not include) my are not printed to identify children's pictures on t	child's picture on the St. Ambrose website. I understand that last names the website.		
one new primites on a succession of presented on a			
Signature of Parent	Date		
St. Ambrose Policies, Proce	edures, Behavior Plans, Internet Usage Agreement		
We agree to read and be governed by the	ne policy booklet, procedures booklet, behavior plan, and internet usage		
agreement for the 2017-2018 school year.			
Signature of Parent	 Date		
Signature of restrict	2 400		

### St. Ambrose Student Registration Form 2017/2018

Please provide a copy of Birth and Baptismal certificates – Kindergarteners must be age 5 by September 1<sup>st</sup>

Preschoolers must be fully potty trained and must be age 3 or 4 by September 1<sup>st</sup>.

First Student - Grade Entering – please check one, for 3 day option please circle set of days:

A rm old 2 half days (MMA/E as TIMTE)		ld3 full days (MWF or TWTh)5 full days
<b>4 yr old</b> 3 half days (MWF or TWTh) <b>K-8</b> <sup>th</sup> Please list grade:	<b>1</b> 5 half days <b>4 yr o</b>	ld3 full days (MWF or TWTh)5 full days
First Name:	Middle Name:	Last Name:
Nickname:	Gender: Race:	Date of Birth:
Birthplace:	Religion:	Parish:
Date of Baptism (if Catholic):	Church & Address of Baptism:	
Allergies (please list):		
Please write "yes" or "no" on each lin	e following. If none apply, you n	nay write "none" across the section.
Reaction to bee stings - if yes, wha	at reaction:	Kit in office?
Reaction to medication - if yes, lis	t medicines/reactions:	
Takes medications – if yes, please	list:	
Heart Condition	Epilepsy	Asthma
Diabetes	Permanent disability	Severe nosebleeds
Eyeglasses reading only	Hearing impairment – w	hich ear
Allergies	Other:	
Second Student - Grade Entering - pl 3 yr old3 half days (MWF or TWTh	ease check one:	
4 yr old3 half days (MWF or TWTh)		ld3 full days (MWF or TWTh)5 full days ld3 full days (MWF or TWTh)5 full days
4 yr old3 half days (MWF or TWTh)  K-8 <sup>th</sup> Please list grade:	)5 half days 4 <b>yr o</b>	
4 yr old3 half days (MWF or TWTh)  K-8 <sup>th</sup> Please list grade:	5 half days <b>4 yr o</b> Middle Name:	ld3 full days (MWF or TWTh)5 full days Last Name:
4 yr old3 half days (MWF or TWTh) K-8 <sup>th</sup> Please list grade:  First Name:  Nickname:	5 half days	ld3 full days (MWF or TWTh)5 full days Last Name:
4 yr old3 half days (MWF or TWTh) K-8 <sup>th</sup> Please list grade:  First Name:  Nickname:  Birthplace:	5 half days 4 yr o Middle Name: Gender: Race: Religion:	ld3 full days (MWF or TWTh)5 full days Last Name: Date of Birth:
4 yr old3 half days (MWF or TWTh) K-8 <sup>th</sup> Please list grade:  First Name:  Nickname:  Birthplace:	5 half days4 yr o Middle Name: Gender: Race: Religion: Church & Address of Baptism:_	ld3 full days (MWF or TWTh)5 full days  Last Name: Date of Birth: Parish:
4 yr old3 half days (MWF or TWTh) K-8th Please list grade:  First Name: Nickname: Birthplace: Date of Baptism (if Catholic): Allergies (please list):	5 half days	ld3 full days (MWF or TWTh)5 full days  Last Name: Date of Birth: Parish:  may write "none" across the section so that we
4 yr old3 half days (MWF or TWTh) K-8th Please list grade:  First Name: Nickname: Birthplace: Date of Baptism (if Catholic): Allergies (please list): Please write "yes" or "no" on each linknow you have read and responded Reaction to bee stings - if yes, what	5 half days	ld3 full days (MWF or TWTh)5 full days  Last Name: Date of Birth: Parish:  may write "none" across the section so that we
4 yr old3 half days (MWF or TWTh) K-8th Please list grade:  First Name: Nickname: Birthplace: Date of Baptism (if Catholic): Allergies (please list): Please write "yes" or "no" on each linknow you have read and responded Reaction to bee stings - if yes, what	5 half days 4 yr o Middle Name:	ld3 full days (MWF or TWTh)5 full days  Last Name: Date of Birth: Parish:  nay write "none" across the section so that we  Kit in office?
4 yr old3 half days (MWF or TWTh) K-8 <sup>th</sup> Please list grade:  First Name: Nickname: Birthplace: Date of Baptism (if Catholic): Allergies (please list):  Please write "yes" or "no" on each lin know you have read and responded Reaction to bee stings - if yes, what Reaction to medication - if yes, lis	5 half days 4 yr o Middle Name:	ld3 full days (MWF or TWTh)5 full days  Last Name: Date of Birth: Parish:  nay write "none" across the section so that we  Kit in office?
4 yr old3 half days (MWF or TWTh) K-8 <sup>th</sup> Please list grade:  First Name: Nickname: Birthplace: Date of Baptism (if Catholic): Allergies (please list):  Please write "yes" or "no" on each linknow you have read and responded Reaction to bee stings - if yes, what Reaction to medication - if yes, lis Takes medications - if yes, please	5 half days 4 yr o Middle Name: Race: Religion: Church & Address of Baptism:  te following. If none apply, you not reaction: t medicines/reactions: list:	ld3 full days (MWF or TWTh)5 full days  Last Name: Date of Birth: Parish:  may write "none" across the section so that we Kit in office? Asthma
4 yr old3 half days (MWF or TWTh) K-8 <sup>th</sup> Please list grade:  First Name: Nickname: Birthplace: Date of Baptism (if Catholic): Allergies (please list):  Please write "yes" or "no" on each linknow you have read and responded Reaction to bee stings - if yes, what Reaction to medication - if yes, lis Takes medications - if yes, please Heart Condition	5 half days 4 yr o Middle Name: Race: Religion: Church & Address of Baptism:  the following. If none apply, you must reaction: the medicines/reactions: the following for the properties of the prope	ld3 full days (MWF or TWTh)5 full days  Last Name: Date of Birth: Parish:  may write "none" across the section so that we  Kit in office?  Asthma Severe nosebleeds

Third Student - Grade Entering – ple 3 yr old3 half days (MWF or TWT) 4 yr old3 half days (MWF or TWT) K-8th Please list grade:	h)5 half days	r old3 full days (MWF or TWTh)5 full days r old3 full days (MWF or TWTh)5 full days	
First Name:	Middle Name:	Last Name:	
Nickname:	Gender: Race:	Date of Birth:	
Birthplace:	Religion:	Parish:	
Date of Baptism (if Catholic):	Church & Address of Baptisr	m:	
Allergies (please list):			
Please write "yes" or "no" on each liknow you have read and responded Reaction to bee stings - if yes, wh		u may write "none" across the section so that we Kit in office?	
Reaction to medication - if yes, lis	st medicines/reactions:		
Takes medications – if yes, please	e list:		
Heart Condition	Epilepsy	Asthma	
Diabetes	Permanent disability	Severe nosebleeds	
Eyeglasses reading only	Hearing impairment -	Hearing impairment – which ear	
Allergies	Other:		
<b>Fourth Student -</b> Grade Entering – p <b>3 yr old</b> 3 half days (MWF or TWT) <b>4 yr old</b> 3 half days (MWF or TWT) <b>K-8</b> <sup>th</sup> Please list grade:	h)5 half days	r old3 full days (MWF or TWTh)5 full days r old3 full days (MWF or TWTh)5 full days	
First Name:	Middle Name:	Last Name:	
Nickname:	Gender: Race:		
D' d l		Date of Birth:	
Birthplace:	Religion:	Date of Birth: Parish:	
	Church & Address of Baptism	Parish: m:	
Date of Baptism (if Catholic):Allergies (please list):	Church & Address of Baptism ne following. If none apply, you	m: Parish: m: u may write "none" across the section so that we	
Date of Baptism (if Catholic): Allergies (please list): Please write "yes" or "no" on each licknow you have read and responded Reaction to bee stings - if yes, who	Church & Address of Baptism ne following. If none apply, you aat reaction:	m: Parish: m: u may write "none" across the section so that we	
Date of Baptism (if Catholic): Allergies (please list): Please write "yes" or "no" on each liknow you have read and responded Reaction to bee stings - if yes, who is the proof of the	Church & Address of Baptism ne following. If none apply, you hat reaction: st medicines/reactions:	m: Parish: m: u may write "none" across the section so that we  Kit in office?	
Date of Baptism (if Catholic): Allergies (please list): Please write "yes" or "no" on each liknow you have read and responded Reaction to bee stings - if yes, who is the proof of the	Church & Address of Baptism ne following. If none apply, you hat reaction: st medicines/reactions:	m: Parish: m: u may write "none" across the section so that we Kit in office?	
Date of Baptism (if Catholic): Allergies (please list): Please write "yes" or "no" on each liknow you have read and responded Reaction to bee stings - if yes, who where the properties of the pr	ne following. If none apply, you hat reaction: st medicines/reactions:	Parish: m: u may write "none" across the section so that we Kit in office?Asthma	
Date of Baptism (if Catholic):  Allergies (please list):  Please write "yes" or "no" on each linknow you have read and responded  Reaction to bee stings - if yes, who  Reaction to medication - if yes, list  Takes medications - if yes, please  Heart Condition	Church & Address of Baptism ne following. If none apply, you nat reaction: st medicines/reactions: e list: Epilepsy Permanent disability	Parish: m: u may write "none" across the section so that we Kit in office?Asthma	

## ST. AMBROSE CATHOLIC SCHOOL

822 W. Homer M. Adams Parkway Godfrey, IL 62035

School Year **2017-2018** 

CERTIFICATE OF MEDICAL AND INDEMNITY AGREEMENT
The undersigned, as parent(s) or guardian(s) of
The undersigned, as parent(s) or guardian(s) of(Student's Name)
do certify to St. Ambrose Catholic School and the Catholic Diocese of Springfield in Illinois the following:
(Please complete Section I or II as applicable and sign the bottom section)
Section I
The Child is covered under a medical insurance policy or health care plan, specifically:
(Name of Insurer or Plan)
(Policy or Group Number)
OR
Section II
I/We agree to obtain Student Accident Insurance that is offered through the school.
I/We further understand that <b>St. Ambrose Catholic School</b> does not provide any medical insurance coverage for the Child, and that I/we assume all responsibility for payment of any medical expenses (including, but not limited to, doctors' fees, hospital charges, or any other medical or related charges) incurred by the Child due to any injury or illness that occurs while the Child is in attendance at <b>St. Ambrose Catholic School</b> or participating in any St. Ambrose Catholic School sponsored activity, including athletic events.
I/We hereby agree to hold harmless and indemnify <b>St. Ambrose Catholic School</b> and the Catholic Diocese of Springfield in Illinois including their employees, volunteers, clergy and religious, from any claims for medical expenses described above.
I/We have read the above Agreement and fully understand the terms contained herein, and agree to abide by its terms.
(Date) (Parent/Guardian)
(Parent/Guardian