

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: _____
Address: _____ City: _____ State: ____ Zip: _____ Marital Status: ____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Religion: _____ Parish: _____ Occupation: _____
Relationship to child: _____ Email: _____

Parent/Guardian #2:

Last Name: _____ First Name: _____ M.I.: ____ Birthplace: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Religion: _____ Parish: _____ 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.

Address: _____ 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: _____
Dentist's Name: _____ 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: _____

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 picture in the following publications:

- _____ School newsletter/handouts _____ School yearbook
- _____ Alton Telegraph/Advantage/Catholic Times
- _____ School information in parish bulletin / handouts

Signature of Parent

Date

Please (____ include / ____ do not include) my child's picture on the St. Ambrose website. I understand that last names are not printed to identify children's pictures on the website.

Signature of Parent

Date

St. Ambrose Policies, Procedures, Behavior Plans, Internet Usage Agreement

_____ We agree to read and be governed by the policy booklet, procedures booklet, behavior plan, and internet usage agreement for the 2017-2018 school year.

Signature of Parent

Date

St. Ambrose Student Registration Form 2017/2018

Please provide a copy of Birth and Baptismal certificates – Kindergarteners must be age 5 by September 1st
Preschoolers must be fully potty trained and must be age 3 or 4 by September 1st.

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

3 yr old ___3 half days (MWF or TWTh) ___5 half days **3 yr old** ___3 full days (MWF or TWTh) ___5 full days

4 yr old ___3 half days (MWF or TWTh) ___5 half days **4 yr old** ___3 full days (MWF or TWTh) ___5 full days

K-8th Please list grade: _____

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 line following. If none apply, you may write “none” across the section.

___ Reaction to bee stings - if yes, what reaction: _____ Kit in office? _____

___ Reaction to medication - if yes, list medicines/reactions: _____

___ Takes medications – if yes, please list: _____

___ Heart Condition ___ Epilepsy ___ Asthma

___ Diabetes ___ Permanent disability ___ Severe nosebleeds

___ Eyeglasses ___ reading only ___ Hearing impairment – which ear _____

___ Allergies ___ Other: _____

Please tell us anything you think we might need to know about your child as relates to school.

Second Student - Grade Entering – please check one:

3 yr old ___3 half days (MWF or TWTh) ___5 half days **3 yr old** ___3 full days (MWF or TWTh) ___5 full days

4 yr old ___3 half days (MWF or TWTh) ___5 half days **4 yr old** ___3 full days (MWF or TWTh) ___5 full days

K-8th Please list grade: _____

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 line following. If none apply, you may write “none” across the section so that we know you have read and responded.

___ Reaction to bee stings - if yes, what reaction: _____ Kit in office? _____

___ Reaction to medication - if yes, list medicines/reactions: _____

___ Takes medications – if yes, please list: _____

___ Heart Condition ___ Epilepsy ___ Asthma

___ Diabetes ___ Permanent disability ___ Severe nosebleeds

___ Eyeglasses ___ reading only ___ Hearing impairment – which ear _____

___ Allergies ___ Other: _____

Please tell us anything you think we might need to know about your child as relates to school.

Third Student - Grade Entering - please check one:

3 yr old 3 half days (MWF or TWTh) 5 half days

4 yr old 3 half days (MWF or TWTh) 5 half days

K-8th Please list grade: _____

3 yr old 3 full days (MWF or TWTh) 5 full days

4 yr old 3 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 line following. If none apply, you may write "none" across the section so that we know you have read and responded.

____ Reaction to bee stings - if yes, what reaction: _____ Kit in office? _____

____ Reaction to medication - if yes, list medicines/reactions: _____

____ Takes medications - if yes, please list: _____

____ Heart Condition _____ Epilepsy _____ Asthma

____ Diabetes _____ Permanent disability _____ Severe nosebleeds

____ Eyeglasses reading only _____ Hearing impairment - which ear _____

____ Allergies _____ Other: _____

Please tell us anything you think we might need to know about your child as relates to school.

Fourth Student - Grade Entering - please check one:

3 yr old 3 half days (MWF or TWTh) 5 half days

4 yr old 3 half days (MWF or TWTh) 5 half days

K-8th Please list grade: _____

3 yr old 3 full days (MWF or TWTh) 5 full days

4 yr old 3 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 line following. If none apply, you may write "none" across the section so that we know you have read and responded.

____ Reaction to bee stings - if yes, what reaction: _____ Kit in office? _____

____ Reaction to medication - if yes, list medicines/reactions: _____

____ Takes medications - if yes, please list: _____

____ Heart Condition _____ Epilepsy _____ Asthma

____ Diabetes _____ Permanent disability _____ Severe nosebleeds

____ Eyeglasses reading only _____ Hearing impairment - which ear _____

____ Allergies _____ Other: _____

Please tell us anything you think we might need to know about your child as relates to school.

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 _____
(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 **St. Ambrose Catholic School** 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 **St. Ambrose Catholic School** or participating in any St. Ambrose Catholic School sponsored activity, including athletic events.

I/We hereby agree to hold harmless and indemnify **St. Ambrose Catholic School** 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)