# Holy Rosary Catholic School

1043 Lake Avenue, Detroit Lakes, MN 56501
Phone: 218-847-5306 Fax: 218-847-6367

# STUDENT (Grades P—8) REGISTRATION FORM

(PLEASE COMPLETE IN FULL)

## STUDENT INFORMATION

Student's Last Name:______________________________ First Name:_________________________ Middle________

Home Address: Street/P.O. Box/Apt #:__________________________________________________________

City:________________________________________ State:_______________ Zip:______________________

Home Telephone: (____) ________________ Student Age: ____________ Student Date of Birth: ____/____/_____

Ethnicity: (circle) Caucasian African-American Hispanic American Indian Asian Multi-ethnic Student Gender: Male / Female

Current Grade:__________ ___ Grade Next School Year :___________ Graduation Yr/This School:____________

Student lives with:__________________________________ Previous School: _______________________________

The Public School District in which you currently live: _______________________________________________

## AFTER SCHOOL HOURS

After school, my student goes:

_______ Home

_______ Day Care

_______ After School Program

Transportation Pick-up & Drop-off:

_______ Same as above

_______ Different Address

_________________________

_________________________

Storm Home:

Name: __________________

Address: ________________

_________________________

Phone: (___) ____________

## PARENT INFORMATION

### FATHER

(Last Name): ______________________________

(First Name): ______________________________

Day Phone: (____) __________________________

Employer:_________________________________

E-mail: ___________________________________

Home Telephone: (____) _____________________

Cell Phone: (____) __________________________

Religion:__________________________________

Home Address (if different from above)

__________________________________________

### MOTHER

(Last Name): ______________________________

(First Name):______________________________

Day Phone: (____) __________________________

Employer: _________________________________

E-mail: ___________________________________

Home Telephone: (____) _____________________

Cell Phone: (____) __________________________

Religion:__________________________________

Home Address (if different from above)

__________________________________________

**Please complete other side**

**Guardian Information:**

(Last Name): ______________________

(First Name): ______________________

Day Phone: (____) ______________________

Employer: ______________________

E-mail: ______________________

Home Telephone: (____) ______________________

Cell Phone: (____) ______________________

Religion: ______________________

Home Address (if different from student)

______________________

**Step Parent:**

(Last Name): ______________________

(First Name): ______________________

Day Phone: (____) ______________________

Employer: ______________________

E-mail: ______________________

Home Telephone: (____) ______________________

Cell Phone: (____) ______________________

Religion: ______________________

Home Address (if different from student)

______________________

**Other Information:**

Parent Marital Status:

Married Single

Divorced Separated

Widow

Student/Family has Parish Membership?

Yes No

Religion: ______________________

Name of Parish ______________________

Date of Student Baptism: ______________

Place of Baptism: ______________

Date of Reconciliation: ______________

Place: ______________

Date of First Eucharist: ______________

Place: ______________

Date of Confirmation ______________

Place: ______________

**Contacts For Emergency:**

**Contact #1**

(Last Name): ______________________

(First Name): ______________________

Work Phone: (____) ______________________

Home Telephone: (____) ______________________

Cell Phone: (____) ______________________

Home Address: ______________________

**Contact #3**

(Last Name): ______________________

(First Name): ______________________

Work Phone: (____) ______________________

Home Telephone: (____) ______________________

Cell Phone: (____) ______________________

Home Address: ______________________

**Contact #2**

(Last Name): ______________________

(First Name): ______________________

Work Phone: (____) ______________________

Home Telephone: (____) ______________________

Cell Phone: (____) ______________________

Home Address ______________________

Doctor: ______________ Phone ______________

Dentist: ______________ Phone: ______________

Allergies: ______________________

Special Medical Considerations: ______________________

**NOTE: NEW STUDENTS MUST TURN IN COMPLETE IMMUNIZATION RECORDS TO THE SCHOOL OFFICE BEFORE THE SCHOOL YEAR BEGINS.**

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# Health Care Summary (6) For Preschool

Child's Name:_______________________________________________

Child's Parent:_______________________________________________

Child's Physician________________________________________

Address_____________________________________________Phone__________________

Child's Dentist__________________________________________

Address_____________________________________________Phone__________________

If this Physician or Dentist cannot be reached, what action should be taken?

Hospital__________________________________Other____________________________

Who will bring the child to school? _______________________________________________

Who will pick up the child from school? ______________________________________________

Is there anyone who is not authorized to pick up the child for any reason ? If so,
name_________________________________________________________________

Required immunizations up to date? Yes______________No ________________

Does your child have any food allergies? _______________________________________

Session child is to be enrolled: Days ____________________________________
Hours ____________________________________

In the event of nay emergency, I give my permission for HOLY ROSARY PRESCHOOL to use any of the following emergency facilities:

St. Mary's Innovis Health
Innovis Clinic
Merit Care Clinic
D.L. Ambulance Service

I also give permission for Holy Rosary Preschool to administer Syrup of Ipecac if necessary, as directed by the MN Poison Control Center, Phone # 1-800-764-7661.

_____________________________________________________________________________

Signature of Parent or Guardian Date

Name (printed)____________________________________________

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# HEALTH CARE SUMMARY FOR PRESCHOOL
## MUST BE COMPLETED BY HEALTH CARE SOURCE

Date Enrollment ______________________________

NAME OF CHILD ______________________________ BIRTH DATE ______________

ADDRESS ______________________________ TELEPHONE ______________

PARENT(S) OR GUARDIAN ______________________________

Date of last physical examination? ____________ How long have you been seeing this child? __________

How frequently do you see this child when h/she is not ill? ______________________________

Does this child have any allergies (including allergies to medication)? ______________________

Is a modified diet necessary? ______________________________

Is any condition present that might result in an emergency? ______________________________

______________________________

What is the status of the child's: Vision ______________________

Hearing ______________________

Speech ______________________

Please list below the important health problems:

| Important Health Problems | Followed by you | Followed by other Med. Source |
|---|---|---|
| | | |
| | | |

**Other information helpful to the child care program:**

______________________________

______________________________

______________________________

**SIGNATURE OF HEALTH SOURCE** ______________________________

**Name (printed)** ______________________________

**Date** ______________________________

**Phone** ______________

**Address** ______________________________

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# FIELD TRIP PERMISSION SLIP (3)

THIS FORM NEEDS TO BE
RETURNED T0 THE SCHOOL OFFICE

This permission form will cover all field trips which are taken by our preschool to locations with a Detroit Lakes address throughout the current school year. The field trip may require transportation by a vehicle or be one in which the class walks. Since no student will be allowed to leave school grounds without permission of a parent or guardian, **it is requested that this form be signed and returned by the first day of school where it will be kept on file.** Parents will be notified by a written letter before field trips are taken. If you have any objection to a specific field trip, please contact your child's teacher or the school office.

I GIVE **HOLY ROSARY SCHOOL/PRESCHOOL** MY PERMISSION TO TAKE MY CHILD ON THIS FIELD TRIP:

______________________________________________

NAME OF CHILD

______________________________________________

NAME OF PARENT

PLEASE FILL IN THE ABOVE INFORMATION ONLY

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## SAMPLE OF WHAT WILL GO HOME AT THE TIME OF A FIELD TRIP

WHERE:______________________________

WHEN:_______________________________

PURPOSE:____________________________

TRANSPORTATION PROVIDED
BY:_________________________________