

Holy Rosary Catholic School

215 S. Washington, Medford, WI 54451

715-748-3336 Ext. 221

2010-2011 FAMILY REGISTRATION & EMERGENCY NOTIFICATION FORM

PLEASE PRINT

List below each child attending Holy Rosary School

Last Name	First Name	Middle	Birthdate	Grade Entering	Gender	Race	Rank in family

<i>Father (First & Last Name)</i>	<i>Mother (First & Last Name)</i>
<i>Street Address, City, Zip:</i>	<i>Street Address, City, Zip:</i>
<i>Telephone Home Work Cell</i>	<i>Telephone Home Work Cell</i>
<i>Email address</i>	<i>Email address</i>
<i>Employer</i>	<i>Employer</i>
<i>Member of: Holy Rosary OLPH</i> <i>(Circle One) Sacred Heart Other:</i>	<i>Member of: Holy Rosary OLPH</i> <i>(Circle One) Sacred Heart Other:</i>

<i># of children in family</i>	<i># Boys</i>	<i># Girls</i>
<i>Status of Home: (Living with) Circle One</i>		<i>Legal Guardian</i>
<i>Mother & Father</i>	<i>Stepmother & Father</i>	<i>OR</i>
<i>Mother</i>	<i>Stepfather & Mother</i>	<i>Name</i>
<i>Father</i>	<i>Foster</i>	<i>Full Address</i>
		<i>Phone</i>

Please list health conditions, allergies, or daily medications of children

If an injury occurs and requires immediate medical treatment, the Medford clinic and hospital will be requested to treat your child. This form signed by the parent or legal guardian will accompany the child and act as an authorization for emergency care. An ambulance or other appropriate transportation will be used to transport the child. The parent or guardian will be sought by school and/or hospital personnel.

<i>Family Doctor (Name & Phone)</i>	<i>Family Dentist (Name & Phone)</i>
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In case of an emergency, if parent or guardian cannot be reached, please call one of the following. List name, daytime phone # & relationship.

<i>1</i>	<i>2</i>
<i>3</i>	<i>4</i>

<i>Students live in:</i>	<i>City of Medford</i>	<i>Village of Stetsonville</i>	<i>Township of:</i>
<i>Distance from your home to school - in miles - one way.</i>			
<i>Does your child ride the bus to school in the morning?</i>		<i>From Where?</i>	
<i>Does your child ride the bus after school?</i>		<i>To Where?</i>	
<i>Who is authorized to pickup your child from school?</i>			

Signature of Parent or Guardian

Date