



| Student Name (Last, First, Middle) | Date of Birth (month/date/year) | Gender M/F | Catholic Y/N | Parish / Church |
|---------------------------------------|------------------------------------|---------------|-----------------|-----------------|
| | | | | |

| Select the days and options (✓) your child will be attending. (Minimum of 2 half days required) | | | | | |
|--|--------|---------|-----------|----------|--------|
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM ½ Day Option | | | | | |
| Full Day Option | | | | | |

Is your family a registered and active member of Saint Patrick Parish: yes no

If no, name and city of parish: _____

Additional Information Needed for Diocesan and State Reporting Purposes Only:

School District: _____ (example: Hudson)

Ethnicity (please circle): Caucasian, African American, Native American, Asian, Hispanic/Latino, Pacific Islander, Multi-racial

Student Address: _____
 (House/Apt Number) (Street) (City) (Zip)

Names and Ages of any Siblings: _____

Child is in Custody of: Both Parents Father Mother Other: _____

Please contact the school office with any special custodial arrangements.

Father's Name: _____
 (Last) (First) (Middle)

Father's Address (if different than above): _____
 (House/Apt Number) (Street) (City) (Zip)

Father's Place of Employment: _____ Email Address: _____
 Send regular school communication to this email address? yes no

Mother's Name: _____
 (Last) (First) (Middle)

Mother's Address (if different than above): _____
 (House/Apt Number) (Street) (City) (Zip)

Mother's Place of Employment: _____ Email Address: _____
 Send regular school communication to this email address? yes no

| Parent Contact Information <i>(Please rank below in order to call: 1,2,3,4,5)</i> | | | Permission to publish number on the secure website family directory? Y/N |
|--|--|--|--|
| Home Phone Number | | | |
| Father's Cell Phone Number | | | |
| Father's Work Phone Number | | | NA |
| Mother's Cell Phone Number | | | |
| Mother's Work Phone Number | | | NA |

| Emergency – Alternate Contact Information | | |
|--|--------------|--------------|
| Name | Relationship | Phone Number |
| | | |
| | | |