

## K2-Grade 9

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CHILDREN BEING REGISTERED FOR 2008-2009 PROGRAM.....

Please note if last names, address, telephone numbers are different from what is listed above. Please note any important medical information such as accidents, operations or handicaps, medicines, your child is taking which will help us better understand your child.

CHILD'S FULL NAME	GRADE	SCHOOL	DATE/PLACE OF BAPTISM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FAMILY INFORMATION

FATHER'S FULL NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
FATHER'S OCCUPATION: \_\_\_\_\_  
MOTHER'S FULL NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
MOTHER'S OCCUPATION: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
MOTHER'S MAIDEN NAME: \_\_\_\_\_

Please note on back any family information you feel is important for us to know. All information is confidential.

Please give the name of a person to be notified in case of Emergency if the Parent cannot be reached. This person should live in this city, have a telephone and be available if necessary.

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_