



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

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

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

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

<b>Emergency – Alternate Contact Information</b>		
Name	Relationship	Phone Number