

2014-2015 REGISTRATION

Household & Emergency Contact Information

Please Complete One Form Per Household

Household Last Name: _____

Parents/Guardians: _____

Mailing Address: _____

Share in Family Directory? Yes No

Primary Household E-mail: _____

Share in Family Directory? Yes No

Primary Household Phone Number: _____

Share in Family Directory? Yes No

Children attending St. Vincent de Paul School:

1. Name: _____ Grade: _____

2. Name: _____ Grade: _____

3. Name: _____ Grade: _____

4. Name: _____ Grade: _____

Primary Language of Household: _____

Parish Household Belongs to: _____

School District Student(s) Reside In: Osseo #279 Anoka-Hennepin #11 Other: _____

Family Doctor:

• Name: _____

Practice Name: _____

Phone: _____ E-mail: _____

Family Dentist:

• Name: _____

Practice Name: _____

Phone: _____ E-mail: _____

Preferred Hospital: _____

Insurance Provider: _____

Policy Number: _____

Emergency Contacts (If school staff is unable to reach parents/guardians):

1. Name: _____
Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
2. Name: _____
Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
3. Name: _____
Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____

Transportation of Students (Car Drop-off/Pick-up, Bus, Daycare Bus, After School Care, etc.)	To School	From School
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		



Primary Contact Information

Household: _____

1) First Name: _____ Last Name: _____

Relationship to Child(ren): _____

Gender: _____ Marital Status: _____

Religion: _____ Parish: _____

Occupation: _____

Virtus Screened for Volunteering? Yes No Contact to receive school mailings? Yes No

Address: (same as Household) Yes No If No, Share in Family Directory? Yes No

If No: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Personal E-mail: _____

Work/School E-mail: _____

Primary Billing Contact for Household? Yes No

2) First Name: _____ Last Name: _____

Relationship to Child(ren): _____

Gender: _____ Marital Status: _____

Religion: _____ Parish: _____

Occupation: _____

Virtus Screened for Volunteering: Yes No Contact to receive school mailings? Yes No

Address: (same as Household) Yes No If No, Share in Family Directory? Yes No

If No: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Personal E-mail: _____

Work/School E-mail: _____

Primary Billing Contact for Household? Yes No

Student Information

Please complete one per student.

First Name: _____

Middle Name: _____

Last Name: _____

Preferred Name: _____

Grade: _____ Gender: _____

Birth Date: _____ Birth Place: _____

Religion: _____ Parish: _____

Ethnicity: _____ Language Spoken: _____

Student Lives with: Both Mother & Father Mother & Stepfather Father & Stepmother
 Mother Only Father Only Joint Custody-Split Time with Mother & Father
 Other – Explain: _____

Home Address: (same as household) Yes No

If No: _____

Home Phone Number: (same as household) Yes No

If No: _____

Personal E-mail: (same as household) Yes No

If No: _____

Home Internet Access: Yes No

Chronic Health Conditions: _____

Medications: _____

Allergies: _____

Illness/Injury/Restriction of Activities: _____

Immunization Record Submitted: Yes No

Parent/Guardian Signature: _____ Date: _____

Sacrament	Church	City/State	Date
Baptism			
First Eucharist			
First Reconciliation			
Confirmation			