

Most Precious Blood Catholic School - New London

2021-2022 REGISTRATION/EMERGENCY RECORD

Student Information

Site: **Most Precious Blood Catholic School - New London**

Last Name: _____ First Name: _____ Middle Name: _____

Grade: _____
 Next Year Grade: _____
 Teacher: _____

Date of Birth: _____ Age: _____ Gender: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Guardian Email: _____

Religion: _____ Diocese Parish: _____ Other Parish: _____

Ethnic Background _____

Is the student Hispanic or Latino? _____

Custodial Adult(s) That Student is Living With - (Circle all that apply):

Mother Father Stepmother Stepfather Grandmother Grandfather Foster Mother Foster Father

Other: _____

Guardian Information

Father/Guardian Last Name: _____ First Name: _____

Mother/Guardian Last Name: _____ First Name: _____

Address: _____

Address: _____

If address is different from the student, check if you would like to receive any of the following:

___ Report Cards ___ Forms

If address is different from the student, check if you would like to receive any of the following:

___ Report Cards ___ Forms

Home Phone: _____ Cell Phone: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Email Address: _____

Workplace/Occupation: _____

Workplace/Occupation: _____

Work Phone: _____

Work Phone: _____

Other Custodial Adult living in the home: _____
 (Relationship to Student)

Other Custodial Adult living in the home: _____
 (Relationship to Student)

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Guardian Email: _____

Email: _____

Cell Phone: _____ Work Phone: _____

Cell Phone _____ Work Phone: _____

Workplace/Occupation: _____

Workplace/Occupation: _____

Other Children in the Home under the age of 21:

Other Children in the Home under the age of 21:

Full Name	DOB	M/F	GR	School

Full Name	DOB	M/F	GR	School

If divorced or separated, please state any special circumstances relating to the custody of your child.

Last Name: _____

First Name: _____

EMERGENCY RECORD

Emergencies such as accidents or illness may occur while your child is in school or on a school bus. Also, school may be closed during the day. Correct phone numbers are a necessity to notify parents or caregivers to take action. Please list information for three individuals who you wish to be contacted and who are available for your child during the school hours to handle an emergency. This may be parents, guardians, relatives, friends, caregivers, etc.

First Call: _____ Relationship: _____ Number(s) to call: _____

Second Call: _____ Relationship: _____ Number(s) to call: _____

Third Call: _____ Relationship: _____ Number(s) to call: _____

Preferred Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

The routine to be followed in the event of an emergency is:

1. Phone the child's home.
2. If no answer at the child's home, phone the parent/guardian/alternative emergency daytime and/or cell phone number.
3. If unable to contact the parent/guardian/alternative, phone whatever resource the school deems appropriate. For example physician, ambulance, hospital, rescue squad, transport, etc.

Note: If in the opinion of the school supervisor in charge, immediate professional attention is required, the school will temporarily bypass the first two steps above. Expenses will be borne by the parent/guardian.

Please list any of the following health problems applicable to your student:

Allergies:

Medical Alerts (i.e. diabetes, asthma, etc):

Other Non-Medical Alerts (i.e. custodial visitation rights):

This information will only be shared with school employees who need to know about your child's health problems.

This does NOT include bus drivers. If you would like your child's medical condition shared with a school bus driver, please write a letter to your child's transportation provider stating the health issue.

Signature of Parent/Guardian: _____ Date: _____

Protecting God's Children

Do You have Virtus Training?

Mother: _____ Grandmother _____

Father: _____ Grandfather _____

Other _____

_____ paid the \$ _____ Registration Fee (non-Refundable)
(Office use only; check # _____ or cash)

Most Precious Blood Catholic School - New London shall not discriminate on the basis of race, religion, creed, political affiliation, physical, mental, emotional, or learning disabilities, handicap, gender, gender orientation, age, national origin, citizenship, marital or parental status, ancestry, color, or any other reason prohibited by state or federal law.