

Mother's Name: _____
Date of birth: _____ Language: _____ Ethnicity: _____
Address if different from child: _____
Place of mother's employment: _____ Years: _____
Occupation: _____ Work Phone: _____
Cell phone: _____ Home phone: _____
Mother's email address: _____

List the names, grades, school attending, and ages of other children in the family:

Name	Grade	School Attending	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list other emergency contact persons:

Name: _____ Relationship to child: _____
Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____
Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____
Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____
Home phone: _____ Work phone: _____ Cell phone: _____

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HEALTH: (any allergies, asthma, bee stings, etc.)
Please list any health issues the child has and provide physician documentation: _____

Medication child takes (please provide drug name, pharmacy, and doctor's name): _____

Do we have your consent to take your child's photo for use in the following:

The classroom? Yes No

The hallways? Yes No

School Website? Yes No (last name of students will not be published online)

OFFICE ONLY:

Verification documents needed for the following:

- Custody papers (needed for all not on birth certificate)
- Birth certificate (keep copy in cum file)
- Student social security card
- Mother or Father's social security card
- Health restrictions documentation
(allergies, asthma, bee stings, etc.)
- Baptismal records

Payments:

- School Books/Activity Fee:
\$250 per K-8 child; \$30 per PreK
- 8th gr. Graduation fees: \$50
- Registration Fee:
\$40 returning families
\$45 new families
\$50 after May 3, 2010, for all
- Total collected in fees: _____

St. Bridget Forms Needed to Enroll:

- Current Financial Contract
- Medication release form for any prescription drugs given during school hours.
- Payment of fees

IMMUNIZATIONS:

- Received (Immunization records will be checked by nurse for verification.)

Enrollment completed by: _____ Date: _____
Office staff signature when enrollment is complete