

Cedar Valley Catholic Schools 2012-2013 Registration Form

**STUDENT INFORMATION:**

Name (Last, First, MI) LEGAL NAME \_\_\_\_\_

School \_\_\_\_\_

Previous School & Address \_\_\_\_\_

Grade for 2012-2013 year \_\_\_\_\_

Preschool – **AM OR PM Class**

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Gender (F or M) \_\_\_\_\_

Is the student Hispanic or Latino? (Yes or No) \_\_\_\_\_

What is the student's race? (List all that apply) \_\_\_\_\_

(A) Asian

(B) Black or African American

(I) American Indian or Alaska Native

(P) Native Hawaiian/Other Pacific Islander

(W) White

What language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language is spoken by you and your family most of the time at home? \_\_\_\_\_

Student Home phone (XXX-XXX-XXXX) \_\_\_\_\_

Student Home Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Student Mailing Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

In which school district does your child reside? \_\_\_\_\_

In which county does your child reside? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Primary Parent That Student Lives with (Contact 1)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Employer \_\_\_\_\_

Student Lives With  Yes  No

Second Parent Information (Contact 2)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Employer \_\_\_\_\_

Student Live With  Yes  No

Receive Additional Mailings?  Yes  No

Third Parent Information (Contact 3)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Employer \_\_\_\_\_

Receive Additional Mailings?  Yes  No

Fourth Parent Information (Contact 4)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Employer \_\_\_\_\_

Receive Additional Mailings?  Yes  No

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact 1 Information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Relation to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Emergency Contact 2 Information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Relation to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Emergency Contact 3 Information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Relation to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

## Medical & Other Information:

### Medical Providers

Doctor Name: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Please contact the school nurse with any health needs your child may have.**

### Other Information

Where does your child go in the event of weather related early dismissals?

### Health Concerns Information

#### Health Concerns on file with the school

Health Concern: \_\_\_\_\_

Comment: \_\_\_\_\_

Does your student have health concerns? Yes:  No:

### Medication Information

#### Medications on file with the school

Medication(s): \_\_\_\_\_

Time: \_\_\_\_\_

Dosage: \_\_\_\_\_

Notes: \_\_\_\_\_

Does your student require daily or emergency medications? Yes:  No:

Answer the questions below by circle the appropriate answer.

Do you need assistance finding a Health Care Provider? Yes No

Do you have Health Insurance? Yes No

If you answered yes to the health insurance question above, what type? Private Title 19 Hawk - I

If you answered no to the health insurance question above, are you interested in the state health insurance plan (HAWK-I)? Yes No

Do you have Dental Insurance? Yes No

**This health information will be shared with school personnel on a need to know basis.**

## 2012 - 2013 School Year Permission Settings:

<p>I have read the Parent/Guardian-Student Handbook. My child and I agree to comply with all provisions as stated in it.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>I understand that by responding Yes I hereby grant authority to my child's school for the use of any videotapes, photographs, or similar items to be used by the media or on a school web page. I also grant authority to my child's school to use any videotapes, photographs, or similar items in which my child might appear, or statements made by my child, in the production, display, or sale of public service announcements.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>I understand that by responding yes I hereby grant authority to my child's school for the publication of student information in the school directory and other school publications.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>This Consent and Liability Waiver is required for and serves both on-site programs and off-site/field trip events/activities for the stated program year. I grant permission for my child to participate in school events this year that may require transportation to a location away from the school site. The activities will take place under the guidance and direction of school employees and/or volunteers. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors of the school and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events for reasonable attorney's fees and expenses arising in connection therewith.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me contact the emergency contacts/locations as listed in PowerSchool.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>In the event it comes to the attention of the school, its officers, directors and agents and the Archdiocese of Dubuque, chaperons, or representatives associated with any off-site activity or while at school that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I wish to be notified.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event a condition arises after my child is already in attendance at school.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>Does this child have allergic reactions? (medications, foods, plants, insects etc.) If yes, please provide the school with a written listing of known allergies, reactions and directives.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>Does this child utilize asthma or airway constricting prescription medication? If yes, please provide the school with written information on the child's asthma condition.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>Does this child have a medically prescribed diet? If yes, please provide the school with additional written information on the diet.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>Does this child have any physical limitations that require accommodations by the school? If yes, please provide the school with additional written information on the limitations.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>Does this child have any other medical conditions about which the school should be aware? If yes, please provide the school with additional written information on the medical conditions.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>

Please enter your First and Last Name:

I am the parent or guardian of the student named above and have the legal authority to execute the above permission(s).