

Child's Name \_\_\_\_\_

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

### Saint Bede School Registration/Emergency Form 2017-2018

**Student Information**

Date of Birth \_\_\_\_\_ Gender (Circle One) M F Grade Level/Class \_\_\_\_\_  
If applicable, please circle: PK T/TH PK MWF PK M-F PK Full Day  
Social Security # \_\_\_\_\_ Religion \_\_\_\_\_ Languages Spoken at Home \_\_\_\_\_

Registered Parishioner at \_\_\_\_\_ Parish.

REQUIRED BY THE U.S. Dept. of Ed. Hispanic/Latino (Circle One) Yes No Race (Please check one or more below)

\_\_\_\_ American Indian/Alaskan \_\_\_\_ Asian \_\_\_\_ Black/African American \_\_\_\_ Native Hawaiian/Pacific Islander  
\_\_\_\_ White

Dismissal Mode (Check one or more) \_\_\_\_ Car Rider \_\_\_\_ Fox Lake Bus \_\_\_\_ Gavin Bus \_\_\_\_ Antioch Bus \_\_\_\_ EDP

Street Address \_\_\_\_\_

City \_\_\_\_\_ State, Zip \_\_\_\_\_ Public School District Child Resides In \_\_\_\_\_

Student Lives with \_\_\_\_\_ Who has legal custody \_\_\_\_\_  
(Must have decree on file in school office)

Please list any adult prohibited by COURT ORDER to have contact with the student \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_

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

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

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

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

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

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

**Place of Employment** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Emergency Contacts/People authorized to contact in case of student's illness or emergency pick up.**

**\*Parents will be the first to be contacted\*(please make changes on the line below).**

Emergency Contact Name	Relation	Phone #	Phone Type
_____	_____	_____	___ Cell ___ Home ___ Work

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_____	_____	_____	___ Cell ___ Home ___ Work

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_____	_____	_____	___ Cell ___ Home ___ Work

**EMERGENCY INFORMATION(CONT.)**

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Health Issues or Concerns \_\_\_\_\_

Other Information the school should have on file \_\_\_\_\_

I understand that in case of an emergency, the school will call a parent at home or work. If a parent cannot be reached and in the judgment of the School Principal or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my child, I hereby request and authorize any of the previously mentioned personnel to obtain for my child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and/or for medication deemed necessary. I authorize the school to take necessary emergency action. The school will take this Emergency Form with when a child is taken on a field trip, for emergency medical treatment and during tornados, fires, and other emergencies, therefore, I understand that it is very important and up to date.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

In our efforts to improve communications between parent and school, Saint Bede School uses a telephone broadcast system that enables school personnel to notify all households and parents by phone/email within minutes of an emergency or unplanned event that causes early dismissal, school cancellation or late start. Saint Bede School will continue to report school closings due to snow or weather on TV, radio, and [www.stbedeschool.com](http://www.stbedeschool.com) and will use this system as an overlay to the public announcements.

- It is also used for the occasional reminders that may need to be made. Such non-emergency phone calls will be made to the non-emergency phone numbers and email.
- **\*\*Please note: ALL numbers and emails listed will be called in an EMERGENCY.\*\* These numbers are NOT used to contact anyone in the case of a sick child.**

Primary Number to call in **Non-Emergency** situations \_\_\_\_\_

2<sup>nd</sup> Primary Number to call in **Non-Emergency** situations \_\_\_\_\_

1<sup>st</sup> Number to call in **Emergency** situations \_\_\_\_\_

2<sup>nd</sup> Number to call in **Emergency** situations \_\_\_\_\_

1<sup>st</sup> Email Address \_\_\_\_\_

2<sup>nd</sup> Email Address \_\_\_\_\_

Please let us now the email addresses of where you would like the **bulletin reminder or other school information** sent. The bulletin reminder will be sent to let you know that the most recent bulletin is on the website to be viewed.

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_