Bishop Walsh School REGISTRATION FORM

Registration Fee – circle one **$100.00** **$115.00**
(must accompany registration form) **(3/1/17-4/30/17)** **(on or after 5/1/17)**

*Please complete **BOTH SIDES** of this **ENTIRE** registration form for each child in your family in **BLUE** or **BLACK** ink. If a question does not apply to your child or family, please mark it N/A.*

Date: _____ Current School _____ Grade Entering 2017/2018 School Year _____

(Check days you would like to attend)

Pre-K Only: Age of student_____ Mon _____ Tues _____ Wed _____Thurs _____Fri_____
Bishop Walsh_____ Jennifer Jones ECC/St. Michael's_____ Half Day_____ Full Day_____

Student Data

Last Name _____ First _____ Middle _____

Date of Birth _____ Gender ☐ F ☐ M Home Telephone _____

Street Address_____ City_____ State ___ Zip _____

Ethnicity of child: ☐African American ☐Asian/Pacific Islander ☐Caucasian
(for statistical purposes) ☐Hispanic ☐Multi-Racial ☐Native American

Student resides with: Both parents ☐ Father only ☐ Mother only ☐ Other _____

Student's siblings: _____ Age _____ _____ Age _____
_____ Age _____ _____ Age _____

Parent Data

Father's Full Name_____
Father's Residential Address (if different from student)

Street_____

City, State, Zip_____

Phone _____ Cell _____

Employer Name_____

Work Address_____

City, State, Zip_____

Work Telephone _____
Email (home) _____
Email (work) _____

Bishop Walsh Alumnus ☐ No ☐ Yes _____ Year

Mother's Full Name_____
Mother's Residential Address (if different from student)

Street_____

City, State, Zip_____

Phone _____ Cell _____

Employer Name_____

Work Address _____

City, State, Zip _____

Work Telephone_____
Email (home) _____
Email (work) _____

Bishop Walsh Alumna ☐ No ☐ Yes _____ Year
Maiden Name_____

I would like the school to communicate with me by: ____ Email ____ Postal Mail ____ Website

To whom and where do you want mail addressed? _____

Each parent/guardian agrees that by signing this Registration Form (I) the parent(s)/guardian(s) shall pay all tuition, fees and other costs of the child's education established by the school; and (II) the parent(s)/guardian(s) and the child shall comply with the rules and regulations set forth in the school's policy manual, or otherwise published or announced by the school, as they presently exist, and as amended from time to time. If parent(s)/guardian(s) fail to make any payment when due, parent(s)/guardian(s) shall be liable to School for all collection costs incurred, including, without limitation, reasonable attorney's fees.
*****Both parents MUST sign this registration, if possible***

Parent/Guardian Signature _____ Date_____

Parent/Guardian Signature _____ Date_____

Catholic ☐ Parish Name _____ Envelope #_____

Date of Baptism and Church where Baptized_____

Date of Sacrament of Reconciliation _____ Date of First Communion _____

Date of Confirmation _____

Non-Catholic ☐ Church _____

Language spoken/written/read in the home_____

If student is to be picked up by anyone other than the parent, please list name and telephone number:

Name _____ Phone_____ Name_____ Phone _____

All new student entries and transfers please provide the following:
Immunization Record ☐ Birth certificate ☐ Health Inventory ☐

Emergency Data

Each student must also submit a completed health form to the Health Room.

List at least two neighbors or relatives who will assume temporary care of your child if you cannot be reached:

1. Name _____ Telephone _____

   Address _____

2. Name _____ Telephone _____

   Address _____

3. Name _____ Telephone _____

   Address _____

4. Name _____ Telephone _____

   Address _____

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is not possible to contact this physician, the school may make arrangements as deemed necessary.

Signature of Parent or Guardian _____ Date_____

Physician _____