

# St. Joseph/Marquette Catholic School

202 N. 4<sup>th</sup> St., Yakima, WA 98901

(509) 575-5557

A copy of the Birth Certificate (State of Washington Certificate Required for PK) or Baptism Record and the Immunization record are required to register your child.

## REGISTRATION & EMERGENCY INFORMATION FORM

### Student Information:

Students' Name: \_\_\_\_\_  
(FIRST) (LAST) (MIDDLE)

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Catholic? \_\_\_yes \_\_\_no Date of Last Physical: \_\_\_\_\_(required for Pre-K)

If Catholic: (We need a copy of the baptism record for first communion in 2<sup>nd</sup> grade)

Ethnic Origin: (check all that apply) \_\_\_Black (non-Hispanic) \_\_\_Hispanic \_\_\_White  
\_\_\_Native American Indian/Alaska \_\_\_Asian or Pacific Islander

Grade Entering: \_\_\_\_\_ Previous School Attended: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

### Health & Emergency Contact Information:

Allergies: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Needs medication at school (i.e. inhaler, EPI pen, meds, etc.): yes \_\_\_\*\*\* no \_\_\_

If yes, name of medication: \_\_\_\_\_

\*\*\* (Please request a Physician's/Dentist's Orders for Medication at School Form)

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

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

Insurance Company: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Has your child had chicken pox? Yes \_\_\_ No \_\_\_

Other contagious diseases? Yes \_\_\_ No \_\_\_

### Emergency Contact(s) Other Than Parent or Guardian:

Name	Relationship	Home Phone	Cell Phone

In case of an emergency, illness or accident to the child named above, the school will contact the parent or alternate person immediately. In the event that a parent cannot be reached, I authorize the school to arrange transportation of my child to the nearest medical facility for treatment.



**Parent Information:**

Home Mailing Address: \_\_\_\_\_ / \_\_\_\_\_  
 (If P.O. Box, Please List Both) (Street Address) (P.O. Box)  
 \_\_\_\_\_ / \_\_\_\_\_  
 (City) (Zip) (City) (Zip)

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

Email Address: \_\_\_\_\_

Family Parish: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

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

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Ethnic (Optional): \_\_\_\_\_ Ethnic (Optional): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Step-Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_  
 Separated \_\_\_\_\_ Other \_\_\_\_\_  
 Father Re-Married \_\_\_\_\_ Mother Re-Married \_\_\_\_\_  
 Father Deceased \_\_\_\_\_ Mother Deceased \_\_\_\_\_

Other than the parents listed above, please list those people who have permission to pick up your child.

Name	Relationship	Home Phone	Cell Phone

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_