ST. JOSEPH MARQUETTE CATHOLIC SCHOOL EST. 1875

St. Joseph Marquette Catholic School

202 N. 4th St., Yakima, WA 98901
(509) 575-5557

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

REGISTRATION & EMERGENCY INFORMATON FORM

Student Information:

Students' Name: _____
(FIRST) (LAST) (MIDDLE)

Grade Entering: _____ Previous School Attended: _____

Birth Date: _____ Gender: _____ Birth Place: _____

Date of Last Physical: _____ (required only for Pre-K)

Ethnic Origin: Hispanic: Yes ____ or No____

Please check which Race applies: Asian _____Black _____White_____
Native American Indian/Alaska _____ Native Hawaiian/Pacific Islander _____
Two or More Races _____

Catholic? ___yes ___ no

If Catholic: (We need a copy of the baptism record.)

Baptismal 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
		( ) -	( ) -
		( ) -	( ) -
		( ) -	( ) -
		( ) -	( ) -

Please complete the back side

Parent Information:

Home Mailing Address: _____/_____
(**If P.O. Box, Please List Both**) (Street Address) (P.O. Box)
_____/_____
(City) (Zip) (City) (Zip)
Home Phone: _____
If Catholic: 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: _____

Mother's Home Email: _____
Mother's Work Email: _____
Father's Home Email: _____
Father's Work Email: _____

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
		( ) -	( ) -
		( ) -	( ) -
		( ) -	( ) -
		( ) -	( ) -
		( ) -	( ) -
		( ) -	( ) -

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 Signature: _____ Date: _____