



**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 INFORMATION 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 Name: _____ Date: _____

By entering your name, you agree that in an emergency, if we are unable to contact you or an alternate, you authorize the school to arrange transportation of your child to the nearest medical facility for treatment.