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 NAME) (LAST NAME) (MIDDLE NAME)

Grade Entering: _____ Previous School Attended: _____

Birth Date: _____ Gender: _____ Birth Place: _____

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

Ethnic Origin: Hispanic: Yes ____ If you answered yes, you must also select a race origin.

Race Origin: 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: _____

Cell Phone Number: _____

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: _____