



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 Pre-K) and the Immunization record are required to register your child.

REGISTRATION & EMERGENCY INFORMATION 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: _____

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 (Street Address) (P.O. Box)
 Physical Address as well)

_____ / _____
 (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 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: _____