

# Family Registration Card

Year 2010-2011

Names of Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Mother: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Alternate Contact:

Name	Relationship	Phone Number

**Health Information:** Unusual health conditions? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, complete: Diabetes \_\_\_\_\_ Heart \_\_\_\_\_ Convulsive Seizure \_\_\_\_\_  
Other: \_\_\_\_\_

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

Medication: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ - If emergency treatment is required and the parents/guardians cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated above, or if not available, an alternative doctor? This will include getting the student to the hospital if necessary.

Check \_\_\_\_\_ Yes  
\_\_\_\_\_ No. If NO, what do parents want? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

