



FAMILY REGISTRATION FOR 2012-2013

Welcome to the St. Louis Catholic School Community!
 St. Louis Catholic School is a peanut-free school.

Family Name _____	Home Phone _____
Street _____	City _____ Zip Code _____
Parent E-Mail Address _____ Date of Application _____	

NAMES OF STUDENTS REGISTERING AT ST. LOUIS

Name	Grade (K-8)
1	
2	
3	

Registration Fee is \$275 per family.
 This annual registration fee is non-refundable.
 However, if St. Louis should decide not to admit your child(ren), the \$275 will be refunded.

FATHER	MOTHER
Name	Maiden Name
Address	Address
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Email	Email
Employer	Employer
Business Phone	Business Phone
Religion	Religion
Birthplace	Birthplace

RELIGIOUS STATUS

**A Parish Affiliation form must be submitted.
 Your tuition category cannot be determined until this form is in.**

If you are Non-Catholic or a Non-Registered Catholic, please check here _____

Please complete both sides of this form. Thank you!

POLICY AND RELEASE AGREEMENTS FOR 2012-2013

BINGO PROGRAM

Families are to work 4 shifts of Bingo per student.

PHOTOGRAPHIC AND INTERVIEW RELEASE for INTERNAL USE

___ Yes, I hereby grant consent to use and release to the Catholic Archdiocese of Denver and St. Louis Catholic School, the use of my child's name and likeness, whether in still, motion pictures, audio and video tape; his/her photograph and/or reproductions of him/her including voice (which includes commentary, remarks, and/or recordings); his/her features, with or without his/her name, for news and/or feature stories within St. Louis Catholic Schools documents including but not limited to use in the school directory, yearbook, honor roll lists, class and sports photographs, Sycamore, Parish bulletins, website or for other internal purposes, except for the endorsement of any commercial products. These items may be used without limitation or reservation of any fee.

___ No, I do not consent to the PHOTOGRAPHIC & INTERVIEW RELEASE regarding my family.

PHOTOGRAPHIC AND INTERVIEW RELEASE for EXTERNAL USE including SOCIAL MEDIA

___ Yes, I hereby grant consent to use and release to the Catholic Archdiocese of Denver and St. Louis Catholic School, the use of my child's name and likeness, whether in still, motion pictures, audio and video tape; his/her photograph and/or reproductions of him/her including voice (which includes commentary, remarks, and/or recordings); his/her features, with or without his/her name, for any promotional purposes involving the Archdiocese or St. Louis School, for news and/or feature stories in Social Media - such as Facebook, Twitter, or other external media (which includes internet, print, radio, television), or for other purposes whatsoever, except for the endorsement of any commercial products. These items may be used without limitation or reservation of any fee.

___ No, I do not consent to the PHOTOGRAPHIC & INTERVIEW RELEASE regarding my family.

SCHOOL DIRECTORY RELEASE

Each year St. Louis Catholic Parish and School publishes a directory. This directory lists names, addresses and phone numbers for school families and parish organizations. Information will be taken from the Sycamore Contact Information.

___ Yes, include my family information in the 2012-2013 Parish and School Directory.

___ No, do not include my family information in the 2012-2013 Parish and School Directory

___ There is joint custody of this child. Please check for additional addresses.

MEDICAL AUTHORIZATION

I give the school my permission to take my child to a hospital to receive emergency treatment. I hereby consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to my child under the general or direct supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act. I also hereby consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to my child by a dentist under the provisions of the Dental Practice Act. I authorize the medical facility to release my child into the custody of a school representative should hospital care no longer be needed. I understand that this is only in an extreme emergency and when the parent or legal guardian cannot be reached. I understand that I am responsible for any expenses incurred by the medical and/or dental diagnosis or treatment. I agree to pick up my child if he/she is sick or injured. If I cannot be reached, the emergency contacts on file with the school may be called to pick up my child.

We understand and agree to abide by the St. Louis policies and releases as stated above as long as members of our family attend St. Louis Catholic School.

Parent Signature _____ Date _____

Please attach \$275 for Registration Fee payable to St. Louis Catholic School.

Please complete both sides of this form. Thank you!

Brothers and Sisters: Please share names and ages.

MEDICAL INFORMATION

EACH STUDENT MUST HAVE A CURRENT IMMUNIZATION RECORD ON FILE IN THE OFFICE. NEW STUDENTS MUST SUBMIT A BIRTH CERTIFICATE.

History

Does this child have a history of any of the following? IF YES, PLEASE PUT A CHECK MARK:

Asthma	<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	Epilepsy/ Convulsions	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Migraine Headaches	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>	Orthopedic Defects	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Vision Problems	<input type="checkbox"/>
Exposure to T.B.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	T.B. Testing Date	<input type="text"/>	
Last Tetanus Shot	<input type="text"/>				
Known Chronic Illnesses	<input type="text"/>				
Medications	<input type="text"/>				
Family Doctor	<input type="text"/>		Phone	<input type="text"/>	
Medical Insurance Carrier	<input type="text"/>				
Insured Member's Name	<input type="text"/>				
Policy Number	<input type="text"/>				
Hospital Preference	<input type="text"/>		Phone	<input type="text"/>	

ETHNICITY

This information is requested to allow us to properly complete the annual National Catholic Education Association Demographic Report.

Hispanic/Latino Yes No

RACE

American Indian/Native American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black/ African American	<input type="checkbox"/>
Native Hawaiian/ Pacific Islander	<input type="checkbox"/>	White	<input type="checkbox"/>	Two or more races	<input type="checkbox"/>

NEW STUDENT PROBATIONARY CONTRACT

It is my understanding that all students new to St. Louis Catholic School are on academic and behavioral probation for the first year. During this time period the student agrees to do his/her best to meet the following standards:

- 1) Successfully complete all academic expectations from all teachers.
- 2) Adhere to all behavior expectations in the Parent/Student Handbook as well as classroom procedures established by individual teachers.
- 3) Take responsibility to seek extra help in areas where growth is necessary to develop proper foundation and skills.

I further understand that my child(ren) may be asked to leave St. Louis Catholic School at any time during this probationary period for failure to meet the expected standards.

Signed _____ Date _____
(Parent) (Student)

***DON'T FORGET TO ATTACH THE FOLLOWING:
Immunization Record - Birth Certificate - Original Baptismal Certificate***