

St Michael's CCD
REGISTRATION FORM
(Please Print)

STUDENT INFORMATION

| | | | |
|---|--|---|--|
| Last name: | | First: | |
| Birth date: / / | | Grade | |
| Street address: | | Home phone no.: () | |
| City: | | Postal Code: | |
| | | | |
| St Michael's Parishioner | <input type="checkbox"/> No <input type="checkbox"/> Yes | Envelope Number | |
| Baptism Date: | Parish : | Certificate: <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| First Communion Date: | Parish: | Certificate: <input type="checkbox"/> No <input type="checkbox"/> Yes | |

CONTACT INFORMATION

| | | | |
|--|--|-------------------------|----------------------------------|
| Parent Information | Cell phone no: | Address (if different): | Home phone no.: () |
| | | | () |
| Email: | | | |
| I prefer to get newsletters, calendars and reminders via e-mail <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Legal Guardian | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other please specify: | | |

MEDICAL INFORMATION

MEDICAL PROBLEMS OR KNOWN ALLERGIES (i.e. epilepsy, diabetes, food allergies, insect bite allergies, vision or hearing impairments, etc...)

☐ - No ☐ - Yes

Please specify: _____

LEARNING DIFFICULTIES (reading difficulties, speaking difficulties, physical challenges, autism, developmental delays, etc...)

☐ - No ☐ - Yes

Please specify: _____

In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed for educational planning purposes

Disclosure of this information ***WILL NOT AFFECT*** your child's admission

IN CASE OF EMERGENCY

| | | | |
|---|-------------------------|----------------------------------|----------------------------------|
| Contact Name: | Relationship to Student | Home phone no.: () | Cell phone no.: () |
| The above information is true to the best of my knowledge | | | |
| Parent Guardian Signature _____ | | Date _____ | |