

# Immaculate Conception - St. Joseph School Registration

Child's Name \_\_\_\_\_ S.S.#

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Age \_\_\_\_\_  
Month Day Year

Place of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
City State

Parish where parents are registered: \_\_\_\_\_

School district of residence: Circle One-- Waterloo Jesup LaPorte City Dunkerton Other

What public school building is the closest to where your child lives? \_\_\_\_\_

Family Information: Child lives with (circle one): Both parents Mother Father Other

Father's Name \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_  
First and last

Mother's Maiden Name \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_  
First and last

Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Religion \_\_\_\_\_  
(if not living with parents)

Mother's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

## Record of Sacraments:

Sacrament Date Church City State

Baptism \_\_\_\_\_

First Eucharist \_\_\_\_\_

## Medical Information:

Family Doctor \_\_\_\_\_ Allergies \_\_\_\_\_

Name of regular medication for your child \_\_\_\_\_ Reason \_\_\_\_\_

Any medical condition which could affect the child's learning or that teachers should know \_\_\_\_\_

## School Information:

Distance from home of child to school attendance center \_\_\_\_\_

(K-2 St. Joseph Center, Raymond; 3rd-8th Immaculate Conception Center, Gilbertville)

What public school building is the closest to where your child lives? \_\_\_\_\_

School last attended \_\_\_\_\_ Address \_\_\_\_\_

School District \_\_\_\_\_ Address \_\_\_\_\_

## School Support:

1. Can you support our philosophy and mission of a Christ-centered academic program in partnership with parent support? We do this in our school by having our students participate in religion classes; student liturgies/prayer services weekly and on designated holy days; prayer; service learning; and teaching Catholic values throughout the curriculum. \_\_\_\_\_
2. Can you support and fulfill the parent responsibility of the Educational Covenant? \_\_\_\_\_
3. Do you want to be included in the school's family directory, available to all school families: \_\_\_\_\_