

Pius Adventure Care School Registration Form

Child's Legal Name: _____
Last First Middle

Male _____ Female _____ Name Usually Called _____ Grade in Fall of 2009 _____

Address _____
Street City Zip

Date of Birth _____ Place of Birth _____

Wauwatosa Resident _____ Milwaukee Resident _____ Other _____

Ethnic Background _____ Religion _____

FAMILY INFORMATION

Please circle appropriate marital status of parents:

Married Divorced Single Widowed

Child resides with _____ Who has legal custody? _____

Is there anyone else who has parental rights to inspect records? Please list _____

Father/Legal Guardian

Name _____ Circle One: Natural Step Adoptive Foster
Last First

Address _____
Street City Zip

Home Phone No. _____ Lives with Child _____ YES _____ NO

Religion _____ Is father a registered member of St. Pius? _____ Yes _____ NO

Mother/Legal Guardian:

Name _____ Circle One: Natural Step Adoptive Foster
Last First

Address _____
Street City Zip

Home Phone No. _____ Lives with Child _____ YES _____ NO

Religion _____ Is Mother a registered member of St. Pius? _____ Yes _____ NO

Please list any person prohibited from picking your child up from PAC: _____

Registration form completed by: _____ Mother _____ Father _____ Guardian

Signature: _____ Date: _____

PAC Emergency Contact Information

Child's Legal Name: _____
Last First Middle

Address _____
Street City Zip

Home Phone No. _____ Date of Birth: _____

Mother / Guardian: _____ Email: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Father / Guardian: _____ Email: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Emergency Information

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Please list three persons we may call if the parent(s) / guardian(s) cannot be reached who have your permission to make decisions concerning your child in the event of an emergency. Please check the box if this person also has permission to pick up your child from PAC.

Name: _____ Relationship: _____ Phone: _____ Permission To Pick Up

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In the event of emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of accidental injury.

Parent / Guardian Signature: _____ Date: _____

Health Information

Allergies or Other Medical issues we should be aware of: _____

Medication Currently Taking: (Please make sure Medical Consent form is on file) _____

Restriction of Activity: (Please state degree of restriction and why it is necessary) _____