

## ST. ANN SCHOOL

### Returning Students Re-registration and Family Emergency Form

Please complete this form in its entirety. This information will be used by both the school and business office for information and billing purposes. A non-refundable deposit of \$300 MUST accompany this re-registration. Only St. Ann School personnel will use the emergency information provided. NON-PARENT emergency contacts who are available during the school day must be provided in the event that parents are not reachable.

PLEASE PRINT ALL INFORMATION!

STUDENT'S NAME	GRADE (2011-2012)	PERMISSION TO PHOTOGRAPH?
		_____ YES _____ NO
		_____ YES _____ NO
		_____ YES _____ NO
		_____ YES _____ NO

MOTHER'S INFORMATION	FATHER'S INFORMATION
<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>
<b>Home Phone</b>	<b>Home Phone</b>
<b>Cell Phone</b>	<b>Cell Phone</b>
<b>Employer</b>	<b>Employer</b>
<b>Work Phone</b>	<b>Work Phone</b>
<b>Occupation</b>	<b>Occupation</b>
<b>E-Mail Address</b>	<b>E-Mail Address</b>
<b>Include Info in School Directory?</b> _____ Yes    _____ No	<b>Include Info in School Directory?</b> _____ Yes    _____ No
<b>Religion</b>	<b>Religion</b>
<b>Parish</b>	<b>Parish</b>

#### NON-PARENT EMERGENCY CONTACTS

NAME	RELATIONSHIP	DAYTIME PHONE

**Children live with**    \_\_\_\_\_ **Mother**    \_\_\_\_\_ **Father**    \_\_\_\_\_ **Grandparent**    \_\_\_\_\_ **Guardian**  
**Who has custody?**    \_\_\_\_\_ **Mother**    \_\_\_\_\_ **Father**    \_\_\_\_\_ **Grandparent**    \_\_\_\_\_ **Guardian**  
**Are Visitation Rights permitted to non-custodial parent?**    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

**FOR OUR PLANNING PURPOSES ONLY, PLEASE INDICATE YOUR INTENTIONS FOR THE FOLLOWING:**

**BSP (BEFORE SCHOOL PROGAM)**

**ASP (AFTER SCHOOL PROGRAM)**

**SUMMER "CAMP"**

\_\_\_\_\_ OCCASIONAL USE  
 \_\_\_\_\_ DAILY USE  
 \_\_\_\_\_ NOT NEEDED

\_\_\_\_\_ FULL-TIME PACKAGE  
 \_\_\_\_\_ DROP-IN RATE (WHEN \_\_\_\_\_)  
 \_\_\_\_\_ NOT NEEDED

\_\_\_\_\_ FULL-TIME PACKAGE  
 \_\_\_\_\_ DROP-IN RATE  
 \_\_\_\_\_ NOT NEEDED

I WOULD BE INTERESTED IN WINTER AND SPRING BREAK CARE    \_\_\_\_\_ YES    \_\_\_\_\_ NO

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Bridgeport \_\_\_\_\_ St. Vincent's \_\_\_\_\_ Closest

Please indicate Yes or No to each category. Describe if necessary.

STUDENT	ALLERGIES	ASTHMA	DIABETES	EPILEPSY	HEART PROBLEMS	RECURRING ILLNESS	OTHER

**DISMISSAL ARRANGEMENTS**

*These instructions will be followed UNLESS the school office receives WRITTEN NOTICE of any exceptions. Phone calls will be accepted only in an emergency. Please avoid frequent exceptions, as this causes confusion and potential safety issues.*

**REGULAR DISMISSAL (Includes Scheduled Early Dismissals). PLEASE CHOOSE ONLY ONE!**

\_\_\_\_\_ ASP (After School Program) Estimated Pick Up time \_\_\_\_\_

Authorized Persons \_\_\_\_\_

\_\_\_\_\_ Bus Morning Only \_\_\_\_\_ Afternoon Only \_\_\_\_\_ Both Morning and Afternoon \_\_\_\_\_

\_\_\_\_\_ Escorted Dismissal (Authorized Person must meet your child(ren) at one of the rear school doors)

Authorized Persons \_\_\_\_\_

\_\_\_\_\_ Unescorted Dismissal (Your child(ren) is/are allowed to walk off campus (including to your car) alone.

**UNSCHEDULED EARLY DISMISSAL. PLEASE CHOOSE ONLY ONE!**

*NOTE: THERE IS NO ASP ON THESE DAYS!*

\_\_\_\_\_ Bus \_\_\_\_\_ Escorted Dismissal \_\_\_\_\_ Unescorted Dismissal

*I certify that all of the above information is accurate, and that I and my children have read and agree to abide by the policies and procedures as outlined in the St. Ann School Family Handbook.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ALUMNI INFORMATION**

Is anyone in your family an alumnus of St. Ann School? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the following:

(Pre-Marital) Name \_\_\_\_\_ Graduation Yr. \_\_\_\_\_

For Office Use Only: Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_