

**ST. DOROTHY FAMILY REGISTRATION FORM**

Today's Date \_\_\_\_\_

Family Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_

When sending mail, address to (Mr., Ms., Mrs.) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**PARENTS/GUARDIANS**

**Mother**

Name \_\_\_\_\_

Employed by \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Pager# \_\_\_\_\_

Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_

Church Attending \_\_\_\_\_

Married \_\_\_ single \_\_\_ Divorced \_\_\_ Widow \_\_\_

**Father**

Name \_\_\_\_\_

Employed by \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Pager# \_\_\_\_\_

Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_

Church Attending \_\_\_\_\_

Married \_\_\_ single \_\_\_ Divorced \_\_\_ Widower \_\_\_

**EMERGENCY INFORMATION**

*In the event of an Emergency, if you are unable to reach e, please contact one of the following persons:*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (      ) \_\_\_\_\_

*Note: In the event of an Emergency, the child is taken to the nearest hospital (Jackson Park) by city paramedics.*

**Tuition Payment Plan** *(Please choose one – Plans are not interchangeable)*

\_\_\_\_\_ **10 Month Payment Plan** \_\_\_\_\_ **Quarterly Payment Plan**

**Signature of Parents/Guardians** \_\_\_\_\_

