

# MIDWOOD CATHOLIC ACADEMY

## Registration Form – 2020-2021 (PLEASE PRINT CLEARLY ☺)

**CHILD'S:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male:  Female:  Place of Birth: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Language(s) Spoken at Home: \_\_\_\_\_

**Child's Religion:** \_\_\_\_\_ **Parish Affiliate:** \_\_\_\_\_

### SACRAMENTS (If Applicable):

Baptismal Church: \_\_\_\_\_ Date: \_\_\_\_\_

First Penance Church: \_\_\_\_\_ Date: \_\_\_\_\_

First Holy Communion Church: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Church: \_\_\_\_\_ Date: \_\_\_\_\_

### PERSONAL INFORMATION:

Name of Person Child Resides With: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Child's Home Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ *If applicable- Child's Cell Phone #:* (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Mother's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security # \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: Single/Married/Divorced/Separated

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Father's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security # \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: Single/Married/Divorced/Separated

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Emergency Contacts:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Schools History: (Please list ALL schools from K-present... use back if necessary)

School: \_\_\_\_\_ Address: \_\_\_\_\_ Grades: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_ Grades: \_\_\_\_\_

Does your child have an IEP? Yes  No  (If yes, please provide the most recent copy to the office at registration.)

### Transportation:

Yellow Bus:  Metrocard:  Private Driver:  If Private: Name \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

After school: Yes  No  Free Lunch Program: Yes  No

**\*\*REGISTRATION FEE AND INSTRUCTIONAL FEE ARE NON-REFUNDABLE\*\***

**PERSON RESPONSIBLE FOR FINANCIAL PAYMENTS:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Office Use Only:

Grade Entering: \_\_\_\_ Birth Certificate: \_\_\_\_ Immunization: \_\_\_\_ Catholic: No \_\_\_\_ Yes \_\_\_\_ (If yes: Baptismal Certificate: \_\_\_\_)

Registration Fee: \_\_\_\_ Instructional Fee: \_\_\_\_ Report Card: \_\_\_\_ IEP: No: \_\_\_\_ Yes: \_\_\_\_ (If yes: IEP Copy: \_\_\_\_)