

**OUR LADY OF CHARITY
FAMILY ENROLLMENT and EMERGENCY FORM
2015-2016**

FAMILY INFORMATION / Información de La Familia:

Family Name / *Apellido* : _____

Home Address / *Dirección*: _____
Street / *Calle* City/ *Ciudad* State/ *Estado* Zip-code/*Código Postal*

Cicero Residents, closest public school near your home / *Residentes de Cicero, cual es la escuela publica mas cercana a su casa* _____

If not a resident of Cicero what school district do you live in?
Si no es residente de Cicero, cual es el distrito escolar? _____

Home Phone / *Telefono de hogar* () _____

Father's Cell Phone / *Celular del Padre* () _____

Mother's Cell Phone / *Celular de la Madre* () _____

E-Mail Address / *Correo Electronico*: _____

____ Catholic / *Catolico* Parish Name / *Nombre la Parroquia* _____
Envelope # / *# de Sobre* _____

Non-Catholic / *No-Catolico* _____

Student's Name / <i>Nombre del Estudiante</i>	Grade / <i>Grado</i>
_____	_____
_____	_____
_____	_____

CHILD/CHILDREN LIVE WITH / El Nino(a) o Ninos viven con:

Father / *Padre* ____ Mother / *Madre* ____ Both / *Ambos* ____ Other / *Otros* _____

Do both parents have legal access? / *El otro padre tiene acceso legal?* Yes / *Si* ____ No _____,

If you checked NO, all court documents must be copied and given to the school administrator to be placed in the student's cumulative file. *Si usted ha marcado NO, todos los documentos de la corte tienen que ser copiados para que se mantengan en el archivo acumulativo*

MY CHILD MAY NEVER BE PICKED UP BY/*Mi hijo/a nunca puede ser recogido por:* _____

ETHNIC BACKGROUND

____ White (Non-Hispanic) ____ Black (Non-Hispanic) ____ Hispanic ____ Asian
____ Bi-Racial ____ American Indian ____ Other

What languages are spoken at home? _____

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PARENT INFORMATION / Información de los Padres:

Father's Name / Nombre del Padre: _____
First/Nombre Last Name/Apellido

Religion / Religion _____ Occupation / Ocupacion: _____

Father's Employer / Empleador del Padre: _____ Work Phone / Telefono de Trabajo: () _____

Marital Status / Estatus ___ Married / Casado ___ Single/Soltero(a) ___ Widower/Viudo(a) ___ Separated /
Separado(a) ___ Divorced Single / Divorciado(a) Soltero(a) ___ Divorced-Remarried / Divorciado(a)-Recasado(a)

Mother's Name / Nombre de la Madre: _____
First/Nombre Last Name/Apellido

Religion / Religion _____ Occupation / Ocupacion: _____

Mother's Employer / Empleador de la Madre: _____

Work Phone / Telefono de Trabajo: () _____

Marital Status / Estatus ___ Married / Casado ___ Single/Soltero(a) ___ Widower/Viudo(a)
___ Separated / Separado(a) ___ Divorced Single / Divorciado(a) Soltero(a)
___ Divorced-Remarried / Divorciado(a)-Recasado(a)

EMERGENCY INFORMATION / INFORMACION DE EMERGENCIA:

Emergency contact / Contacto de Emergencia: _____ Phone/Telefono () _____

Emergency contact / Contacto de Emergencia: _____ Phone/Telefono () _____

Family Doctor Name / Nombre de Dr Familiar: _____ Phone/Telefono () _____

Preferred Hospital / Hospital Preferido: _____ Phone/Telefono () _____

Family Internet Access

Please check the response that applies to your family's access to the internet.

- We do not have access to the internet
- We have access to the internet at work and at home
- We have access to the internet only at work
- We have access to the internet only at home
- We would like a paper copy of our child's classroom newsletter sent home each month.
- We prefer the weekly News and Notes to be sent electronically.

Email address where you prefer communication to be sent: _____