



St. Anthony

OF PADUA SCHOOL

(Fall)Return 2009-2010 ___
Not Returning ___

For Office Use Only

After School Care
4:30 5:30

2009 Student Census Card
Provide All Requested Information On This Form

STUDENT'S NAME _____ HOME PHONE _____
FIRST MIDDLE FAMILY

ADDRESS _____ BIRTH DATE _____
NUMBER STREET CITY STATE ZIP

CIVIL PARISH _____ CHURCH PARISH _____ RELIGION _____

GENDER: FEMALE MALE RACE: Am INDIAN ASIAN BLACK HISPANIC WHITE
MULTIRACIAL
FATHER'S NAME _____ OCCUPATION/PROFESSION _____

PLACE OF WORK PHONE _____ EMPLOYMENT CELL/BEEPER _____

EMAIL ADDRESS _____

MARITAL STATUS SEPARATED DIVORCED SINGLE REMARRIED DECEASED RELIGION MARRIED _____

MOTHER'S NAME _____ OCCUPATION/PROFESSION _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____ CELL/BEEPER _____

EMAIL ADDRESS _____

MARITAL STATUS MARRIED SEPARATED DIVORCED SINGLE REMARRIED DECEASED RELIGION: _____

STUDENT LIVES WITH: _____ RELATIONSHIP TO STUDENT _____

STEPFATHER'S NAME: _____ WORK PHONE _____ CELL/BEEPER _____

STEPMOTHER'S NAME: _____ WORK PHONE _____ CELL/BEEPER _____

List 4 nearby relatives, neighbors, or coworkers who will assume temporary care of your child or pick them up from school/ASC if you cannot be reached:

NAME	RELATIONSHIP	HOME PHONE	CELL/BEEPER

List the names and birth dates of any brothers or sisters who are under nineteen years of age:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
1.		3.	
2.		4.	

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the child's physician and follow their instructions. If necessary, I authorize the school to get the child to the hospital listed or to make whatever arrangements deemed necessary.

SIGNATURE PARENT/GUARDIAN: _____ DATE: _____

REMARKS: (Include Allergies) _____

PHYSICIAN'S NAME: _____ OFFICE PHONE: _____ EMERGENCY PHONE: _____

HOSPITAL: _____ PHONE: _____