

Registration Form  
for the  
2019-2020  
Academic Year

# Our Lady Help Of Christians



32100 E. Colfax Ave.  
Watkins, Colorado 80137  
(303) 344-5830  
school@sspx-denver.com

## Student Information

Child's Last Name	First Name	Middle Name	Age	Birth Date	Grade	Gender
Street Address		City	Zip Code		Phone Number	

## Parent Information

<input type="checkbox"/> Married <input type="checkbox"/> Divorced Custodian: <input type="checkbox"/> Father <input type="checkbox"/> Mother		<input type="checkbox"/> Separated Child With: <input type="checkbox"/> Father <input type="checkbox"/> Mother		<input type="checkbox"/> Deceased <input type="checkbox"/> Father <input type="checkbox"/> Mother			
<b>Father</b>			<b>Mother</b>				
Name		Age		Name		Age	
Employer		Work Phone		Employer		Work Phone	
Home Address		Home Phone		Home Address		Home Phone	
City		Zip Code		City		Zip Code	
Cell Phone And/Or E-Mail Address			Cell Phone And/Or E-Mail Address				

## Emergency Information

Person to be called if Parents Can't be Reached	Relationship	Home Phone	Work Phone
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### Medical Contact Information

Family Doctor	Address	Phone
Preferred Hospital	Address	Phone

In the event of accident, injury, or illness when I (we) cannot be reached, I (we) authorize *Our Lady Help of Christians Academy* to obtain whatever medical treatment deemed necessary and prudent to ensure the life and health of my (our) child.

Date \_\_\_\_\_

Signed- Parent or Legal Guardian \_\_\_\_\_

### Non- Prescription Medication

Yes, I (we) authorize *Our Lady Help of Christians* staff to administer Acetaminophen (Tylenol) or Ibuprofen (Advil) when necessary to relieve pain.

No, do not administer pain relievers to my child.

Date \_\_\_\_\_

Signed- Parent or Legal Guardian \_\_\_\_\_

# Required Forms

The following forms **MUST** be turned in before the first day of school. All except the immunization record and emergency information form will be returned to you after being recorded by *Our Lady Help of Christians Academy*.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Birth Certificate        | <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> First Communion Certificate |
| <input type="checkbox"/> Confirmation Certificate | <input type="checkbox"/> Immunization Record   | <input type="checkbox"/> Emergency Information Form  |

# Medical Information

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Will your child need to take any prescription medication during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child currently taking any medication for asthma?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child prone to any severe allergic reactions?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have any other medical conditions?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you have answered YES to any of the above questions, please give detailed information in the comment section below and speak with the administration staff about filling out additional school forms that MUST be on file for your child's specific medical condition.**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Driver Information

Please list the names of those people who may pick up your child after school.

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____