

**St. Aloysius Gonzaga – Family Registration Form 2012 – 2013**  
 (Registration begins January 23, 2012 and ends February 3, 2012)

Please identify all children who will attend St. Aloysius Gonzaga School from oldest to youngest:

Last Name	First Name	M/F	Coming Grade If "K", ½ or Full?	Date of Birth (mm/dd/yyyy)	Public school child would attend if not at St. Aloysius	Baptized Y – N	Baptized Where? (parish & city)

Children's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Children live with (check one): \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other (explain) \_\_\_\_\_

**FATHER's** Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Employed by: \_\_\_\_\_

Father's phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell/carrier) \_\_\_\_\_ Email: \_\_\_\_\_

**MOTHER's** Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Employed by: \_\_\_\_\_

Mother's phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell/carrier) \_\_\_\_\_ Email: \_\_\_\_\_

**Custodial Guardian's** Name (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_ Employed by: \_\_\_\_\_

Guardian's phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

**In case of emergency or illness, please provide additional contacts (*when parents cannot be reached*):**

1. Name: \_\_\_\_\_ (best) Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Name: \_\_\_\_\_ (best) Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

**Please indicate the name and address of the person responsible for tuition payment:**

Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZC \_\_\_\_\_

**Signature of person responsible for tuition:** \_\_\_\_\_

(Your signature is permission for St. Aloysius Gonzaga to give only the name and address to FACTS Tuition Management.)

How did you hear about us? \_\_\_\_\_ newspaper ad; \_\_\_\_\_ cincinnati.com; \_\_\_\_\_ pre-school flyer; other: \_\_\_\_\_

MUST INCLUDE PAGE 2, EMERGENCY TREATMENT AUTHORIZATION

<p><b>Office Use</b></p> <p>\$50.00 fee</p> <p>Date paid: _____</p> <p>Check #: _____</p> <p>Reg. with Parish?</p> <p>Yes      No</p>
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**EMERGENCY TREATMENT AUTHORIZATION**

Parents must complete Part I OR Part II

**Part I**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning my child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

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Physician: \_\_\_\_\_ Medical Specialist: \_\_\_\_\_

Dentist: \_\_\_\_\_ Hospital: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Part II**

I don NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_