CEDAR VALLEY CATHOLIC SCHOOLS

NEW STUDENT APPLICATION

STUDENT INFORMATION			
Student's Legal Name: (First, Middle, Last)			
Date of Birth:	Nickname:	Gender:	Cell:
Address:	City:	State:	Zip:
Allergies, special instructions, comforting items:			

Does your child have any special needs that CVCS would need to be aware of?

_____

_____

_____

ADDITIONAL STUDENT INFORMATION		
Previous School:	Previous Grade:	
Last Lead Test Date (Kindergarten only):		
My child may be photographed while in school/child care. Photos may be used in newspapers or other media for the purpose of publicity or shared with other families whose students attend the school/child care program.	Yes	No
I Decline Photo Release Do not photograph my student while in the school/child care program.	Yes	No
I would like to enroll my student in the infant - 4 year old daycare program	Yes	No
I would like to enroll my student in Before or After School daycare program.	Yes	No
I would like to enroll my student the Summer daycare program.	Yes	No

SACRAMENTAL INFORMATION		
Religion	Catholic	Non Catholic:
Baptism	Date:	Parish-City:
Reconciliation	Date:	Parish-City:
First Eucharist	Date:	Parish-City:
Confirmation	Date:	Parish-City:

PARENT/GUARDIAN INFORMATION (1)			
Name:		Relationship to Student:	
Address: (if different than student)	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email:			
Employer:		Address:	

PARENT/GUARDIAN INFORMATION (2)			
Name:		Relationship to Child:	
Address: (if different than child)	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email:			
Employer:		Address:	

EMERGENCY CONTACT (1)			
Name:		Relationship to Child:	
Address: (if different than child)	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email:			

EMERGENCY CONTACT (2)			
Name:		Relationship to Child:	
Address: (if different than child)	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email:			

MEDICAL INFORMATION			
Student's Doctor's Name:		Phone:	
Address:	City:	State:	Zip:
Preferred Hospital to Contact:		Phone:	
Student's Dentist's Name:		Phone:	
Address:	City:	State:	Zip:

PERSONS ALLOWED TO PICK UP MY STUDENT IF I AM UNABLE TO: **(Also list emergency contacts below if you want to allow them to pick up your student)**		
Name:	Phone:	Relationship to Student:
Name:	Phone:	Relationship to Student:
Name:	Phone:	Relationship to Student:
Name:	Phone:	Relationship to Student:
Name:	Phone:	Relationship to Student:
Name:	Phone:	Relationship to Student:

ANY ONE NOT ALLOWED TO PICK UP MY STUDENT: **(with copy of court order, if applicable)**
Name:
Name:

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____