

1903 S. Broadway St.  
Emmetsburg, IA 50536  
School Office: 712-852-3464



Everyone

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Hm. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Deceased: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Deceased: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Mother's Work: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

What parish will you belong to: \_\_\_\_\_

Baptism: \_\_\_\_\_ 1<sup>st</sup> Communion: \_\_\_\_\_

If your child becomes injured or ill at school and you cannot be reached, will you grant permission to get medical treatment, if we feel it is necessary? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of hospital to where we may take your child in case of emergency: \_\_\_\_\_

Name of doctor to whom you want your child taken to in case of emergency:

First Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an extreme emergency, may we have your permission to transport your child by ambulance?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

#### Early Dismissal Information

Please indicate below where your child should go in the event of an unscheduled early dismissal.

\_\_\_\_\_ My child should go to the usual place in case of early dismissal.

\_\_\_\_\_ My child should go to the usual place in case of early dismissal and I need a phone call.

\_\_\_\_\_ If my child becomes ill at the school and we cannot reach you, who may we call?

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

Has this person agreed to take responsibility? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Update your child's health record, please complete the following information:

Surgery: \_\_\_\_\_ Injuries: \_\_\_\_\_

Illness of any kind: \_\_\_\_\_ Dental Exam: \_\_\_\_\_

Any Allergies: \_\_\_\_\_ Eye Exam: \_\_\_\_\_

Please tell us of any background of health that we should be aware of concerning you child's health that might limit his/her school work or physical education activities. Public health works with the parents and school to write health plans that ensures your child's safety.

Epilepsy: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_ Lung Conditions: \_\_\_\_\_

Hypertension: \_\_\_\_\_ Hearing Deficit: \_\_\_\_\_

Asthma: \_\_\_\_\_ Other: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**3-yr-old**

**Little Irish 3-year-old Preschool (Return by April 1, 2017)**

Age of child by **September 15, 2017**: \_\_\_\_\_

Is your child completely toilet trained? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

1. \_\_\_\_\_ Does your child have siblings at Emmetsburg Catholic School?
2. \_\_\_\_\_ Do you intend to send your child to ECS Kindergarten-8<sup>th</sup> Grade?
3. \_\_\_\_\_ Are you a member of the parish cluster or an area parish?

If the above are met, and your child is accepted, then a **\$25 non-refundable deposit will be requested**. You will receive a formal letter of acceptance by May 1, 2017. Acceptance will be determined by ECS administration.

**4-yr-old**

**2017-2018 Emmetsburg Catholic School in collaboration with Emmetsburg Public School  
Little Irish 4-year-old Preschool (8:00 A.M. to 3:00 P.M.) Lunch Program Available**

Age of child by **September 15, 2017**: \_\_\_\_\_

I am interested in:

\_\_\_\_\_ Before School Care (7:00 A.M.-8:00 A.M.)

\_\_\_\_\_ After School Care (3:00 P.M.-5:30 P.M.)

\_\_\_\_\_ Both

\_\_\_\_\_ Not Interested

**\$25 non-refundable deposit**

**Return by April 1, 2017**

**Check #:** \_\_\_\_\_ **Cash:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_