

**Before School** \_\_\_\_\_  
**After School** \_\_\_\_\_

St. Charles Borromeo Parish School  
3100 W. Parnell Ave.  
Milwaukee, WI 53221

**2017-2018 School Year**  
**Application for Enrollment**

**\$25.00 Non-Refundable**  
**Registration Fee Per Family**  
**Due with Application**

FAMILY NAME \_\_\_\_\_

**INFORMATION ON CHILD**

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ 2017-2018 Grade \_\_\_\_\_

List any physical conditions including allergies we should know about \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ 2017-2018 Grade \_\_\_\_\_

List any physical conditions including allergies we should know about \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ 2017-2018 Grade \_\_\_\_\_

List any physical conditions including allergies we should know about \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name of Mother \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Hours of work \_\_\_\_\_ AM \_\_\_\_\_ PM

Name of Father \_\_\_\_\_ Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Hours of work \_\_\_\_\_ AM \_\_\_\_\_ PM

**SERVICE NEEDS:**

\_\_\_\_\_ Monday From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Tuesday From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Wednesday From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Thursday From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Friday From \_\_\_\_\_ To \_\_\_\_\_

**over please** \_\_\_\_\_ →

If you are unable to pick-up your child, who is authorized to do so?

- 1. \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY INFORMATION:**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, whom should we notify if we are unable to contact the parent or guardian?

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**PERMISSION FOR EMERGENCY TREATMENT:**

I give my permission for professional emergency treatment to be given to my child \_\_\_\_\_  
In the event that no one can be contacted or is present.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

In case of an accident or illness, we will make every effort to contact you. In case of a serious accident or illness/or we are unable to contact you or your emergency back-up person(s), your child will be taken to the nearest hospital or \_\_\_\_\_  
(Financial responsibility for emergency treatment is a parental one.)

**FINANCIAL:**

I understand that I will be billed a per hour fee. I agree to assume full financial responsibility for the fees and will make regular payments as indicated in the Tuition & Fee Policies information that I have received

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

Comments:

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