

INDIVIDUAL CHILD PAGE

For Office Use:

Child's Last Name _____

Please complete an Individual Child Page for each child being registered.

For first time registrations, please bring the child's original Baptismal Certificate.

Child's Full Name (First, Middle, & Last): _____

Date of Birth: _____ Sex: ___ Male ___ Female

Grade Level: _____ Name of Day School: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Race: American Indian/Native Alaska Native Hawaiian/Pacific Islander
(Please choose only one) Asian White
 Black/African American Two or more races
 Other Prefer not to answer

SACRAMENTAL INFORMATION

Baptism Date: _____ Baptism Parish/Town: _____

First Penance Date: _____ First Communion Date: _____

MEDICAL & LEARNING DATA *(Please give any further information on the lines provided)*

Medical Conditions or Allergies (including food allergies) Yes No

Prescribed Medications Yes No

Learning Support Services or *Disability *(see IDEA definition below)* Yes No

IEP *Individualized Education Program / 504 Plan* Yes No

****Immunization** Are your child's vaccinations up to date? Yes No

This question does not refer to COVID; rather, child & adolescent immunizations

If no, has he/she received an exemption from your current school district? Yes No

Please add any other information about your child that should be communicated.

* IDEA: As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

****Immunization:** *Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.*