

Our Lady of Fatima School

818 West Cross Street
Benton, Arkansas 72015

FAMILY PRE-REGISTRATION FORM

Date: _____

Please list the names of the children you wish to enroll for the coming school term. List the *oldest* child first.

Name of Child (Last, First Middle)	<u>Nickname</u>	<u>Catholic or Non-Catholic</u>	<u>Sex</u>	<u>Grade in September</u>
---	------------------------	--	-------------------	--------------------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mother's Name: _____ **Religion:** _____

Father's Name: _____ **Religion:** _____

Home Address: _____ **Phone:** _____

City: _____ **Zip:** _____

Legal Guardian: _____ **Religion:** _____

Occupation – Mother: _____ **Father:** _____

Business Phone – Mother: _____ **Father:** _____

Cell: _____ **Cell:** _____

E-Mail Address – _____

Children's Physician: _____ **Phone:** _____

Allergies: _____

In case of an emergency and the Parents cannot be located, please contact:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Signature of Parent: _____