ST. GABRIEL CFC REGISTRATION FORM – 2010-2011
900 GEIGER STREET
NEENAH, WI 54956
920-725-0660

(PLEASE PRINT)

FAMILY NAME _____
STREET ADDRESS _____
CITY: _____ ZIP CODE: _____
HOME PHONE: (___) _____ CELL PHONE: (___) _____
E-mail Address: _____

PARENTS/GUARDIANS

Father's Information	**Mother's Information**
Relationship to child: _____	Relationship to child: _____
Name: _____	Name: _____
	Maiden Name: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Religion: _____	Religion: _____
Marital Status: _____	Marital Status: _____

EMERGENCY CONTACT
IN THE EVENT OF AN EMERGENCY, IF YOU ARE UNABLE TO REACH ME, PLEASE CONTACT:
NAME: _____
RELATIONSHIP: _____
PHONE NUMBER: _____

ATTENDANCE REQUIREMENT
I understand that minimum attendance requirements are 60% of classes and that a formal commitment to complete make-up work will be required if this attendance standard is not met.

PARENT SIGNATURE: _____

STUDENT NAME: _____ **SEX**: _____
LAST **FIRST** **MIDDLE**

CHILD LIVES WITH: BOTH PARENTS_____ FATHER_____ MOTHER_____

GRADE 2010/11 _____ **SCHOOL**: _____ **DATE OF BIRTH**: _____

1ST CHOICE: _____ _____
DAY **TIME**

2ND CHOICE: _____ _____
DAY **TIME**

SUNDAY	L.I.F.E.9 & 10	5:00 - 8:00 P.M.
MONDAY	GR. 1 - 6	4:30 - 5:30 P.M.
	R.O.C. 7&8	5:30 - 7:30 P.M.
WEDNESDAY	GR. 1 - 6	4:30 - 5:30 P.M.
	GR. 1 - 6	6:30 - 7:30 P.M.
	R.O.C. 7&8	5:30 - 7:30 P.M.

HEALTH/LEARNING PROBLEMS: _____

BAPTISM: **IF YOUR CHILD WAS NOT BAPTIZED AT ST. GABRIEL PARISH, A COPY OF BAPTISMAL CERTIFICATE IS REQUIRED.**