St. Theresa Catholic School

6311 Baseline Road
Little Rock, Arkansas 72209

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Quality Education in the Catholic Tradition

CARE APPLICATION

Weekly Fees will be drafted. Registration yearly $25 Per student $6.00 afternoon $1.00 morning

Student Information:

Student Name_____
Last First Middle

DOB___/___/___ M__F__ SS#____/____/____ Religion_____

Grade Level Requested_____Address of School Last Attended _____

Family Information:

Mailing Name _____

Address_____Zip Code_____

Home Phone _____Parish _____How long_____

Parent/Guardian:

Relationship_____Sex____Relalationship _____Sex_____

Name_____Name_____

Business_____Business_____

Bus. Phone_____Cell_____ Bus. Phone_____Cell_____

Religion_____ Religion_____

Marriage Status_____ Marriage Status_____

Persons other than parent/guardian to contact :

1st Contact 2nd Contact:

Name_____Name_____

Home #_____Bus. #_____Home #_____Bus.# _____

Cell # _____ Cell# _____

Relationship_____Relationship_____

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Family Doctor _____Phone Number_____

Family Dentist _____ Phone Number_____

Insurance Name_____ Policy Number_____

Allergies or special conditions _____

I hereby give my consent for my child to be released to the following:_____

_____

Consent for Emergency Medical Care of

_____

I hereby request and give consent to the Director of St. Theresa's Care or her appointed representative, for said child/children to receive such medical or surgical care as may be deemed necessary and expedient by a licensed or recognized physician or surgeon in case of an emergency when the parent/guardian or the person listed as emergency contact cannot be reached.

_____ _____

Parent/Guardian Date Parent/.Guardian Date