

**2006-2007
REGISTRATION FORM**

NAME _____ GRADE _____

ADDRESS _____ TELEPHONE _____

BIRTHPLACE _____
(CITY) (STATE) (COUNTY)

DATE OF BIRTH _____

FATHER _____ MOTHER _____

EMPLOYER _____ EMPLOYER _____

BROTHERS AND SISTERS:

NAME _____ YEAR BORN _____

NAME _____ YEAR BORN _____

NAME _____ YEAR BORN _____

NAME _____ YEAR BORN _____

CHURCH MEMBERSHIP (PLEASE NAME CONGREGATION)

FATHER _____ MOTHER _____
(CONGREGATION) (CONGREGATION)

IS THE CHILD BAPTIZED? (YES) (NO) YEAR BAPTIZED _____
(PLEASE CIRCLE) MONTH DAY YEAR (IF KNOWN)

THE STATE OF ILLINOIS REQUIRES THAT EACH CHILD HAVE A PHYSICAL EXAMINATION UPON ENTERINNG PRESCHOOL, KINDERGARTEN, AND GRADE 5. A DENTAL EXAM IS REQUIRED FOR KINDERGARTEN, GRADE 2, AND GRADE 6 BY MAY 15TH OF THE CURRENT YEAR.