



135 S. Milwaukee Avenue, Lake Villa, IL 60046 | 847-356-6111 | www.princeofpeaceiv.org

REGISTRATION FORM

YEARS _____

STUDENT INFO

Total Enrolled Children in Family (1, 2, 3, etc.): _____

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Oldest or Only Child In School (Y/N): _____

Youngest or Only Child In School (Y/N): _____

Gender (M/F): _____

Is Student Hispanic/Latino (Yes=1, No=0): _____

PLEASE CIRCLE CORRECT RACE: N=American Indian, A=Asian, B=Black or African American,
M=Multi Racial, P=Native Hawaiian/Pacific Islander, W=White

Country of Birth (If Not USA): _____

Year Immigrated (If Applicable): _____

Registering for Grade(s) (PLEASE CIRCLE): PK 3, PK 4/3, PK 4/5, K, 1, 2, 3, 4, 5, 6, 7, 8

PLEASE CIRCLE ONE: Catholic, Non-Catholic _____

Last School Attended: _____

Public School Student Would Attend: _____

Public District Student Would Attend: _____

Student Lives With Both Parents, (Y/N): _____

Address: _____

City: _____

State: _____

Zip Code: _____

Address 2 (Only If Second Parent Mailing Needed): _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

SACRAMENTALS CURRENT INFORMATION

Baptism Date:

Baptism Church:

Baptism City:

Baptism State:

Made First Reconciliation (Y/N):

Reconciliation Date:

Reconciliation Church:

Reconciliation City:

Reconciliation State:

First Communion Date:

First Communion Church:

First Communion City:

First Communion State:

PARENT INFO CURRENT INFORMATION CORRECTIONS

Mother Title (Ms., Mrs., Dr.):

Mother's Name:

Mother's Home Phone:

Mother's Cell Phone:

Mother's Email:

Mother's Work Number:

Mother's Place of Employment:

Mother's Occupation:

Mother's Work Address:

Father Title (Mr., Dr.):

Father's Name:

Father's Home Phone:

Father's Cell Phone:

Father's Email:

Father's Work Phone:

Father's Place of Employment:

Father's Occupation:

Father's Work Address:

Guardian's Cell Phone:

Guardian's Email Address:

Guardian's Name:

Guardian's Day Phone:

Guardian's Place of Employment:

Guardian's Occupation:

Guardian's Work Phone:

Guardian's Work Address:

Is this family a parishioner (Y/N):

Parent's Marital Status:

Step-Mother's Name (if applicable):

Step-Father's Name (if applicable):

Parish Where Family Is a Member:

Parents agree to share parent contact information with Archdiocesan High Schools (Y/N):

EMERGENCY INFO CURRENT INFORMATION CORRECTIONS

Doctor Name:

Doctor Phone Number:

Dentist Name:

Dentist Phone:

Emergency Contact # 1:

Phone Number:

Relationship:

Phone Type (Home, Cell, Work):

Emergency Contact # 2:

Phone Number:

Relationship:

Phone Type (Home, Cell, Work):

Allergies:

Medical Considerations:

Medical Alerts:

Parent Signature:

Date:
