

# Cathedral Prep Program Registration

First Name:	Middle Name:	Last Name:
Address	City:	State: Zip:
Home Phone #: (    )	Student's Cell # (optional)	
Date of Birth: ___/___/___ Current Age:	Student's Email (optional)	
Parent's Email:	Parent/Guardian Cell #:	
Mother's (Guardian) Full Name:	Father's (Guardian) Full Name:	
Siblings (How many?)	Parish:	City:
High School:	City:	
Grade: (circle one) 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> Graduation Year:		

I agree to abide by the rules of the Cathedral Prep Program and understand that failure to do so will have consequences.

**Student's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Emergency Information		
IN CASE OF AN EMERGENCY PLEASE CONTACT: (OTHER THAN PARENTS)		
Name:	Relationship:	Telephone #:
MEDICAL INFORMATION		
1. Has the student been diagnosed with any physical or psychological condition? No _____		
If yes, please specify the nature of the condition. _____		
2. Can the student swim? No _____ Yes _____		
3. Allergies to: (please list)		
Medications	Food	Environment
4. Is the student currently taking any medications, herbs or vitamins?		
If yes, please list the names of the medication (s) and the dosage.		