**Holy Angels of the Hudson Valley Registration Form 2020-2021**

**7 Cozzens Avenue; Highland Falls, NY 10928 845-446-6741 holyangelsofthehv@gmail.com**

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| **STUDENT INFORMATION** | | | |
| **Full Name of Student:** |  | | |
| **Grade for 2018-2019:** | **Age 3(preschool) Age 4(PreK) K**  **Part Time Full Time** | **Date of Birth**  **(M/D/YEAR)** |  | |
| **Address:** |  | **Email:** |  | |
| **Main Phone:** |  | **Alternate Phone:** |  | |
| **Resident School District:** | **HFFMCSD West Point Other:** | **IEP/504 Plan?** | **If Yes, please attach to registration.**  **Y N** | |
| **Main Point of Contact & Relationship:** |  | **Religion:** |  | |
| **Ethnicity (required by NYS)** | **Asian Black Caucasian Hispanic/Latino Multiracial American Indian/Alaskan Native Native Hawaiian/Pacific Islander** | | | |

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| **Permissions** | | | |
| Permission to photograph student in educational setting/field trips for use in advertising, press releases, yearbook, and social media. | | | **Y N Initial Here:** |
| Permission to walk with class to local library 1X a week (grades PreK-K/1st) | | | **Y N Initial Here:** |
| Permission for walking field trips to local sites (e.g. post office, florist, firehouse, museums, local businesses) | | | **Y N Initial Here:** |
| Permission to share contact information for school directory | | | **Y N Initial Here:** |
| Emergency Contact Name and Phone Number (1)  \*Grants permission to pick up from school in emergency/illness | | | Emergency Contact Name and Phone Number (2)  \*Grants permission to pick up from school in emergency/illness |
| In addition, permission for the following people to pick up from school grounds (such as carpooling): | | | |
| **Page 2 HAHV Application for:** | | | | | |
| **FAMILY INFORMATION** | | | | | |
| **Father’s First and Last Name:** | | | **Mother’s First and Last Name:** | | |
| **Address, if different from child** | | | **Address, if different from child** | | |
| **Custody? Permission to Release from School? Y N** | | | **Custody? Permission to Release from School? Y N** | | |
| **Religion** | | | **Religion** | | |
| **Preferred Phone Number:** | | | **Preferred Phone Number:** | | |
| **Alternate Phone:** | | | **Alternate Phone:** | | |
| **Email:** | | | **Email:** | | |
| **Occupation:** | | | **Occupation:** | | |
| **Employer:** | | | **Employer:** | | |
| **If Military, Rank:** | | | **If Military, Rank:** | | |
| **Name and Age/Grades of Sibling(s):** | | | | | |
| **MEDICAL AND EMERGENCY INFORMATION** | | | | | |
| **Medical Insurance:** | | **Hospital Choice:**  **Keller Army Community Hospital St. Luke’s Cornwall**  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Family Physician’s Name:** | | **Physician Phone:** | | | |
| **Family Dentist:** | | **Dentist Phone:** | | | |
| **Allergies and/or Medical Conditions:** | | **Medications:** | | | |

**This form was completed by (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*Please submit: Health Physical (must be within one year), Vaccination Records, Registration Fee and First Month Payment**