



St. Thecla School
6323 N. Newcastle
Chicago, Il 60631

New Student Registration Form

STUDENT INFORMATION

Name: _____
Last First Middle

Street Address: _____ City: _____ Zip: _____

Birth Date: _____ / _____ / _____ City: _____ State: _____

Sex: Male / Female Age as of September 1, 2018: _____ Grade: _____

(Preschool Only): Full Day / Half Day Days: MWF / MTWThF

Catholic: Yes / No

Transferred From: _____ Grade Last Attended: _____
Name of Previous School

PARENT INFORMATION

Mother's Information

Mother's Name: _____

Mother's Address: _____ City: _____ Zip: _____

Mother's Home Phone: _____ Mother's Cell Phone: _____

Mother's Work Phone: _____ Mother's E-mail: _____

Mother's Employer: _____ Mother's Occupation: _____

Is mother an alumna of St. Thecla? Yes / No

PARENT INFORMATION (Continued)

Child's Name: _____

Father's Information

Father's Name: _____

Father's Address: _____ City: _____ Zip: _____

Father's Home Phone: _____ Father's Cell Phone: _____

Father's Work Phone: _____ Father's E-mail: _____

Father's Employer: _____ Father's Occupation: _____

Is father an alumnus of St. Thecla? Yes / No

Parent Status: Married/Living together Separated Divorced Deceased

Child Lives With: Mother and Father Mother Father Other

If other, please explain:

Parishioner's of St. Thecla: Yes / No Envelope Number: _____

Did a current St. Thecla family refer you? If so, who:

Parent/Guardian Signature: _____ Date: _____

For office use only: Registration fee paid: Amount: _____ Check # _____ Cash Other

Please continue to next page
(Emergency Contacts)

Child's Name: _____

EMERGENCY INFORMATION

Emergency Contact #1:

Name: _____ Phone Number: _____

Relationship to Child: _____

Emergency Contact #2:

Name: _____ Phone Number: _____

Relationship to Child: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Doctor's Address: _____ City: _____ Zip: _____

Allergies: Yes No

If yes, to what:

Other Medical Considerations: