BISHOP BAUMGARTNER MEMORIAL CATHOLIC SCHOOL

281 Calle Angel Flores, Sinajana, Guam 96910
671-472-6670/671-477-2677/671-477-1026/ 671-477-4028(fax)

Sisters of Mercy

RETURNING STUDENT REGISTRATION FORM

Lost Registration Form $5.00 fee

DO NOT WRITE HERE FOR ASSESSMENT PURPOSES ONLY

STUDENT #_____
□ Birth Certificate
□ Baptismal Certificate
□Transferee Report Card
□Medical/Physical Form
□ Immunization Record
□RenWeb

Signed by:

STUDENT INFORMATION

SCHOOL YEAR 2018-2019 GRADE ENTERING(*please check one*) K □ 1□ 2□ 3□ 4□ 5□ 6□ 7□ 8□

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME(S)**_____

GENDER ___**M** ___**F** **BIRTHDATE** _____ **AGE** ____ **HOME PHONE** _____ **CELLPHONE** _____

HOME ADDRESS _____

CHILD LIVES WITH _____ (*if blank choose from below*) **TRANSPORTATION TO SCHOOL** _____

□ Both Parents
□ Father
□ Mother
□ Takes turns between Father and Mother
□ Guardian

□ Grandparents
□ Grandfather
□ Grandmother
□ Uncle and Aunt
□ Other (please specify): _____

□ Relatives (*please specify*) _____ _____
□ Other (*please specify*) _____

□ Private Car
□ Bus
□ Car Pool

PARENT'S INFORMATION - MOTHER

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME**(S)_____

HOME ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ **MOBILE PHONE** _____ **EMAIL** _____

___ **EMPLOYED** ___ **SELF-EMPLOYED** **COMPANY NAME** _____

WORK ADDRESS _____

OCCUPATION _____ **WORK PHONE** _____

MARITAL STATUS : □SINGLE □MARRIED □SEPARATED □DIVORCED □WIDOWED IF DIVORCED, REMARRIED? □ YES □ NO

PARENT'S INFORMATION – FATHER

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME**(S)_____

HOME ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ **MOBILE PHONE** _____ **EMAIL** _____

___ **EMPLOYED** ___ **SELF-EMPLOYED** **COMPANY NAME** _____

WORK ADDRESS _____

OCCUPATION _____ **WORK PHONE** _____

MARITAL STATUS : □SINGLE □MARRIED □SEPARATED □DIVORCED □WIDOWED IF DIVORCED, REMARRIED? □ YES □ NO

GUARDIAN'S INFORMATION (if child is living with guardian)

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME(S)**_____

RELATION TO CHILD _____ **HOME ADDRESS** _____

MAILING ADDRESS _____

HOME PHONE _____ **MOBILE PHONE** _____ **EMAIL** _____

___ **EMPLOYED** ___ **SELF-EMPLOYED** **COMPANY NAME** _____

WORK ADDRESS _____

OCCUPATION _____ **WORK PHONE** _____

MARITAL STATUS : □SINGLE □MARRIED □SEPARATED □DIVORCED □WIDOWED IF DIVORCED, REMARRIED? □ YES □ NO

PARENTAL INVOLVEMENT

Student's Name: _____ ***Homeroom***: _____

Bishop Baumgartner Memorial Catholic School encourages our families to participate in the development and education of our children. Please identify any particular committees, services or other areas where you would like to contribute your time or resources:

_____ Classroom/Homeroom helper

_____ Lunch Break Activities Instructor

_____ Extracurricular Activities/Coaching

_____ Athletics (specify): _____

_____ Annual Fun Run

_____ Annual Golf Tournament

_____ Other: _____

Signature of Parents/Guardian : _____

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SCHOOL YEAR **2018-2019** GRADE (*please check one*) ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME(S)** _____

FINANCIAL OBLIGATION

1. Please indicate the person responsible for the Financial obligation of the child.

   ☐ PARENTS

   ☐ FATHER

   ☐ MOTHER

   ☐ if other, please complete the following:

   LAST NAME _____ FIRST NAME_____ MIDDLE NAME(S) _____

   RELATION TO CHILD ☐ STEPMOTHER☐STEPFATHER☐AUNT☐UNCLE☐SISTER☐BROTHER

   ☐ GRANDMOTHER ☐ GRANDFATHER ☐ Other, please specify _____

   HOME PHONE _____ WORK PHONE _____
   MOBILE PHONE _____ EMAIL ADDRESS _____
   MAILING ADDRESS _____

2. Choose a payment option below.

   ☐ OPTION A : Annual Payment (due on or before August 31, 2018)

   ☐ OPTION B : Ten-Month Payment Plan (due every 1st of the month)
   (*monthly payment starting on August 1, 2018 to May 1, 2019*)

AGREEMENT TO ASSUME FINANCIAL RESPONSIBILITIES and ABIDE BY RULES, REGULATIONS and POLICIES OF BISHOP BAUMGARTNER MEMORIAL CATHOLIC SCHOOL.

In consideration of the enrollment and education of the students identified herein, the undersigned Parents or Guardians agree to pay any and all costs, registration, tuition, fees and assessments incurred while student is enrolled at BISHOP BAUMGARTNER MEMORIAL CATHOLIC SCHOOL (BBMCS). Such fees and costs include, but are not limited to, registration fees, tuition fees, extended care fees, book fees, instructional fees, assessments, cafeteria fees and such other fees and costs as may be imposed by BBMCS. I understand that registration fees are non-refundable, and monthly tuition fees and extended care fees are due for any period of any month that the student remains enrolled in BBMCS. We agree to pay the tuition fees as follows:

( ) **Annual Payment: DUE ON OR BEFORE AUGUST 31, 2018 (5% discount for payment in full)**
( ) **10 Month Payment Plan: FIRST PAYMENT DUE AUGUST 1, 2018 with the remainder of payment due on the FIRST OF EACH MONTH, FINAL PAYMENT DUE PRIOR TO FINAL EXAMS. Payment made after the 10th of each month will result in a 10% late fee penalty.**
( ) **Return Check Fee $50.00**

It is understood and agreed as follows: Should payments be made with checks which are returned unpaid for any reason, BBMCS will assess the undersigned all costs of the returned check, and may require as a condition of continued enrollment, that all future payments be made by means other than personal check. The obligation of the undersigned to pay the tuition for the period of enrollment is unconditional and no portion of such tuition paid or outstanding will be refunded or cancelled regardless of the subsequent absence, withdrawal or dismissal from BBMCS, subject to verification by BBMCS. The Parents or Guardians shall make all payments when they become due, and if not made within thirty (30) days, the Parents or Guardians shall be in default of this agreement and BBMCS shall have the right to terminate the student's enrollment and disallow the student to attend further classes or activities at the school, and deny access to any and all information and records concerning the students, including denial of the opportunity to sit for examinations or graduate. Further, BBMCS shall be entitled to collect and receive all remaining balances due under this Agreement regardless of the student's withdrawal or dismissal, together with all costs and attorney's fees incurred in the collection of sums due and owing to BBMCS. In the event any legal action or proceeding or any other action is initiated to enforce or collect under the provisions of this Agreement, BBMCS shall be entitled to reasonable attorney's fees and costs of collection.

Medical Authorization and Consent: In case of accident or emergency, the undersigned authorizes a staff member to take the student to the primary physician identified in the student's Medical History Form, or to the nearest hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the student, at the undersigned's expense. BBMCS agrees to make immediate attempts to notify the undersigned of any emergency. The undersigned hereby gives consent to BBMCS to provide emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for the student. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the student.

Consent Generally: The undersigned authorizes BBMCS to provide meals, snacks and beverages to the student, and agrees to give written notice to BBMCS of any allergies the student may have to food or drinks. The undersigned authorizes the student to use all indoor/outdoor equipment within BBMCS, under supervision of BBMCS, and grants permission for the student to participate in any and all activities with BBMCS. Parent further consents and grants permission to BBMCS, or its authorized representative, to take pictures and/or video of the student for use by BBMCS.

It is understood and agreed that by signing this Agreement for the current academic year, the Parents or Guardians hereby warrant and confirm that they have reviewed the BBMCS Parent/Student Handbook, and agreed to abide by its terms and conditions. It is also understood and agreed that the undersigned Parents or Guardians will support the Administration of BBMCS; However, in the event the Parents or Guardians do not feel they can support the Administration of BBMCS, they will promptly withdraw their students, remaining liable for all costs, tuition and fees incurred. It is understood and agreed that by signing this Agreement for the current academic year and any subsequent year that the student remains enrolled in BBMCS, the Parents or Guardians hereby assume, warrant and guarantee payment of the tuition, fees and assessment, and agree and accept the rules and regulations of the school, and agree to ensure that the students comply with said rules and regulations.

PARENT/GUARDIAN SIGNATURE **DATE**

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MEDICAL / ATHLETIC CLEARANCE FORM FOR SCHOOL ADMISSION NOTE : *Please submit on or before 1st day of school.*

STUDENT NAME _____ **DATE** _____
DATE OF BIRTH _____ **ETHNICITY** _____
GRADE ENTERING _____ **SCHOOL YEAR** _____
HOME ADDRESS _____
HOME PHONE _____ **E-MAIL** _____ **PHYSICIAN'S NAME** _____
FATHER'S NAME _____ **PHONE #** _____ **PHYSICIAN'S PHONE NO.** _____
MOTHER'S NAME _____ **PHONE #** _____ **HOSPITAL/CLINIC** _____

PART 1: PHYSICAL EXAMINATION

HEIGHT _____ **WEIGHT** _____ **T** _____ **P** _____ **R** _____
BLOOD PRESSURE _____ **VISION: RT** _____ **LT** _____ **HEARING: RT** _____ **LT** _____

CHECK EACH LINE	NORMAL	ABNORMAL	NOT Examined	Describe suspicious or abnormal findings
General Appearance	☐	☐	☐	
Skin, Hair, Nails	☐	☐	☐	
Eyes : External (pupils-cornea)	☐	☐	☐	
Ears : External	☐	☐	☐	
Auditory acuity	☐	☐	☐	
Tympanogram	☐	☐	☐	
Pure Tone	☐	☐	☐	
Nose, Mouth	☐	☐	☐	
Pharynx, Larynx	☐	☐	☐	
Speech	☐	☐	☐	
Teeth, Gums	☐	☐	☐	
Neck, Lymph Nodes	☐	☐	☐	
Thyroid	☐	☐	☐	
Cardiovascular	☐	☐	☐	
Respiratory	☐	☐	☐	
Gastrointestinal	☐	☐	☐	
Genitourinary	☐	☐	☐	
Musculoskeletal	☐	☐	☐	
Scoliosis Screening	☐	☐	☐	

PART 2: IMMUNIZATION RECORD: PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORD.

Please check one: ☐ **Perfectly Healthy** ☐ **Specific Problem(s) Noted** ☐ **Disability**
This child is physically fit to participate in physical education and/or athletic events and related activities. ☐ **Yes** ☐ **No**
Name of Physician (PRINT) _____ **Signature** _____
Clinic _____ **Email address** _____
Activities : ☐ **Basketball** ☐ **Volleyball** ☐ **Cross Country** ☐ **Rugby** ☐ **Soccer** ☐ **Baseball**
☐ **Non-Contact Sports** ☐ **No Activities**

TB Skin Test : Date Administered _____ **Date Read:** _____ **Results:** _____

Parental / Guardian Consent

I hereby give permission for the physician to examine my child so that he/she may obtain medical clearance to participate in athletic activities. Therefore, neither the examining physician nor the school is to be held liable for any abnormalities not detected in this examination. Permission is also granted to my child (NAME) _____ **to participate in the athletic activities approved by the Physician as initialed above for school year:** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE :** _____

MEDICAL INFORMATION:

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

LAST NAME : _____ FIRST NAME: _____ MIDDLE NAME: _____

MEDICAL HISTORY: please check "No" or "Yes: appropriately.

ALLERGIES: FOOD, MEDICATION, ETC	_____ YES	_____ NO	If, yes, what? _____
HEART PROBLEMS OR HEART DISEASE	_____ YES	_____ NO	
CHEST PAINS	_____ YES	_____ NO	
ASTHMA	_____ YES	_____ NO	
SHORTNESS OF BREATH	_____ YES	_____ NO	
HEAD INJURIES	_____ YES	_____ NO	If, yes, when? _____
FRACTURES	_____ YES	_____ NO	If, yes, when? _____
WEAK JOINTS OR BACK PROBLEMS	_____ YES	_____ NO	
TAKING MEDICATION	_____ YES	_____ NO	If, yes, what medication?_____ For what reason? _____
SURGERY	_____ YES	_____ NO	Type? _____ When? _____
BLOOD DISORDER	_____ YES	_____ NO	
HERNIA	_____ YES	_____ NO	
RHEUMATIC FEVER	_____ YES	_____ NO	
DIABETES	_____ YES	_____ NO	
HEARING PROBLEMS	_____ YES	_____ NO	
VISION PROBLEMS: GLASSES/CONTACTS NEEDED	_____ YES	_____ NO	
CONVULSIONS/SEIZURES OR BREATHING SPELLS	_____ YES	_____ NO	
OTHER SERIOUS INJURY OR ILLNESS (***if yes, please explain below***)	_____ YES	_____ NO	

REMARKS:

_____

_____

_____

To the best of my knowledge, the information on this page is accurate and complete.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE_____