

CATHOLIC ACADEMY OF NIAGARA FALLS
Student/Family Registration Form
 2025-2026 School Year

Family Name: _____

Child's name (first and middle)	Date of Birth	Gender M/F	Grade in 2025-2026	*If Pre-K 3, please write 3 or 5 days
1.				
2.				
3.				
4.				
5.				

Parent/Guardian Information:

Parent/Guardian #1 Name: _____
 Last First

Relationship to child(ren): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business Phone: _____

Parent/Guardian #2 Name: _____
 Last First

Relationship to child(ren): _____

Address if different from above: _____

Email: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business Phone: _____

Home School District: _____ County of Residency: _____

Resides with: ___ both parents ___ Mother ___ Father ___ Other: _____

If parents are divorced, who has legal custody? _____

**Please provide a copy of any current order relating to custody.

Ethnicity: ___ Hispanic or Latino Origin (Mexican, Puerto Rican, South or Central American)

___ Non-Hispanic Origin (Not Hispanic)

Race: ___ African American ___ Asian (includes Indian/Pakistani) ___ Caucasian

___ Native American ___ 2 or more races (please indicate) _____

If siblings are of different Ethnicities/Race, please specify:

Religion (please circle): Catholic (meaning child has been baptized) or Non-Catholic

Religion (please specify if not Catholic): _____

Parish Affiliation (where you attend church): _____

If Catholic:

(*If you previously provided this information, you do not need to fill this out again.)

Sacrament	Date	Church	City
Baptism			
Reconciliation			
Holy Communion			

Transportation:

For our records, please indicate how your child will get to school in the morning and picked up in the afternoon.

Morning:

- Dropped off
- Before-School Care Program
- Bus (K-8 only)

Afternoon:

- Picked up
- After-School Care Program
- Bus (K-8 only)

Please indicate all siblings living at home that do not attend our school.

Name	Date of Birth	School Attending	Grade

Health Information:

Pediatrician's Name: _____ Contact Number: _____

Please list any health conditions that we should be aware of including any food allergies and medications taken daily _____

*Health & Immunization records must be up to date and on file.

Emergency Medical Authorization

In the event that a reasonable attempt to contact me at the phone numbers listed on this form have been unsuccessful, I hereby authorize emergency medical treatment by any licensed physician and to transport my child to any reasonable hospital.

Parent/Guardian signature: _____ Date: _____

Emergency Contact Information other than parents (Must have two)

Name/Relationship	Cell Phone	Has my permission to pick up my child(ren) Y/N

Automated Calling System (ROBO CALL) - We will use the phone numbers provided for Guardian 1 + 2 for school announcements, weather closings, and emergency information. Please list any other phone numbers below if you want them to also receive these ROBO calls.

1. _____ 2. _____

Fundraising (K-8 only) - Please check one of the following.

- We plan to be a fundraising family.
- We are opting out of fundraising, and will be paying the \$600, which will be added to our tuition.

Please include the registration fee with the return of your registration form.