



Sacred Heart School | Salinas

Celebrating over 100 years of Quality Catholic Education

Family Registration Packet

2012 – 2013 School Year

Sacred Heart School Student Emergency Card

School only Both School and Extension
 (please check if registration is for school or school and extension program)

Family/Household Name		Phone	
Last name of Student	First Name	Grade	Birth date
Last name of Student	First Name	Grade	Birth date
Last name of Student	First Name	Grade	Birth date
Last name of Student	First Name	Grade	Birth date

Parent / Guardian Information

Parent / Guardian	Home Phone
Home Address (Street, City, Zip Code)	Cell Phone
Mailing Address (if different from home)	Personal email Address
Employer Name and Address (Street, City, Zip Code)	Work Phone
Type of work / Position held	Work email Address
Parent/Guardian Social Security Number	
Parent / Guardian	Home Phone
Home Address (Street, City, Zip Code)	Cell Phone
Mailing Address (if different from home)	Personal email Address
Employer Name and Address (Street, City, Zip Code)	Work Phone
Type of work / Position held	Work email Address
Parent/Guardian Social Security Number	

Sacred Heart School Student Emergency Card – continued

Grandparent Information

Maternal Grandmother

Home Address (Street, City, Zip)

email Address

Home Phone

Cell Phone

Maternal Grandfather

Home Address (Street, City, Zip)

email Address

Home Phone

Cell Phone

Paternal Grandmother

Home Address (Street, City, Zip)

email Address

Home Phone

Cell Phone

Paternal Grandfather

Home Address (Street, City, Zip)

email Address

Home Phone

Cell Phone

If I/we the parent(s)/guardian(s), cannot be reached in an emergency, I/we give permission to the school to contact the persons listed below (please list contacts in order to be called):

Name	Relationship to student	Home Phone	Work Phone
Name	Relationship to student	Home Phone	Work Phone
Name	Relationship to student	Home Phone	Work Phone

I/we authorize the following individuals to pick my child(ren) up from school:

Name	Relationship to student	Home Phone	Work Phone
Name	Relationship to student	Home Phone	Work Phone
Name	Relationship to student	Home Phone	Work Phone
Name	Relationship to student	Home Phone	Work Phone
Name	Relationship to student	Home Phone	Work Phone

Sacred Heart School Student Emergency Card - continued

Family Medical Information

Family Physician	Phone
Address (Street, City, Zip)	

Family Dentist	Phone
Address (Street, City, Zip)	

Preferred Hospital	City
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If the school is unable to reach me/us or our family physician/dentist in the event of an emergency requiring medical/dental treatment: (choose one)

- I/we give the school permission to call another physician/dentist or emergency service of the school's choice
- I/we **DO NOT** give the school permission to choose another physician/dentist or emergency service. I/we provide the following alternatives to be contacted:

Alternate Physician	Phone
Address (Street, City, Zip)	

Alternate Dentist	Phone
Address (Street, City, Zip)	

Sacred Heart School Student Emergency Card - continued

If your student has any special conditions or needs (allergies, daily medications taken, medical, physical or other concerns) please list them here:

_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
_____	_____	_____

_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
_____	_____	_____

_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
_____	_____	_____

_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
_____	_____	_____

_____	_____
Parent/Guardian Signature	Date

Parent Printed Name

_____	_____
Parent/Guardian Signature	Date

Parent Printed Name

Sacred Heart School Major Earthquake / Disaster Emergency Card

_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
Last name of Student	First Name	Grade

In the event of a major earthquake/disaster, my student(s) may be released only to the following person(s).

_____	_____	_____
Last Name	First Name	Relationship to Student
_____	_____	_____
Last Name	First Name	Relationship to Student
_____	_____	_____
Last Name	First Name	Relationship to Student

_____	_____
Parent/Guardian Signature	Date

Parent Printed Name

_____	_____
Parent/Guardian Signature	Date

Parent Printed Name

Sacred Heart School Family Directory

A comprehensive school-wide directory will be created with each student's name, grade, address, parent/guardian email address, and home/cell telephone numbers included. Please indicate your preference for inclusion in the student directory.

- I/we give the school permission to publish my/our student's information in the directory.
- Please **DO NOT** include my/our family information in the directory.

Family/Household Name	Home Phone
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Home Address (Street, City, Zip Code)	
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Email address 1	Cell Phone 1
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Email address 2	Cell Phone 2
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Last name of Student	First Name	Grade
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Last name of Student	First Name	Grade
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Last name of Student	First Name	Grade
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Last name of Student	First Name	Grade
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Parent/Guardian Signature	Date
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Parent Printed Name

Parent/Guardian Signature	Date
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Parent Printed Name



Diocese of Monterey
Department of Catholic Schools

Photo/Video/Media Release Form & Release to Feature Student's Work

The Diocese of Monterey Education and Welfare Corporation, also known as and referred to as "Diocese of Monterey," and the Diocese of Monterey Catholic Schools are making a concentrated effort to promote the positive activities, honors, and work of our students. This effort includes working with the local media (newspapers, radio and television stations) and also developing our own publications. These publications include information, likenesses, and images, which may appear on websites of the Diocese of Monterey and its schools, as well as in other publications.

During the time your child is a student at Sacred Heart School, a school of the Diocese of Monterey and herein referred to as "School," there may be opportunities for various students to be interviewed and/or photographed and identified by full name and grade/classroom or School. We understand that some parents may request that we do not identify their child. **Please complete the form below to inform School of your wishes regarding publicity (complete a separate form for each child).** Please note, however, that your child's image or likeness may appear in occasional candid or group activity photos/videos without any type of name identification and the use of these types of photos/videos of your child is permissible.

Student Name (print): _____
Last First Middle

Student Grade: _____

Parent/Guardian Name (print): _____
Last First Middle

Please initial in box:

1. I give permission for my child to be interviewed, identified, photographed or filmed for use in Diocese of Monterey and School publications, including, but not limited to, publication via website or other technological publications, videos, newspapers, radio, television, or development and fundraising materials.
2. I do not give permission for my child to be interviewed, photographed or filmed as indicated in #1.
3. I give permission for the Diocese of Monterey and School to feature my child's school work, including but not limited to art, essays and other writing, and science or other projects. If my child's work is shown, I give permission for the Diocese of Monterey to identify my child's work.
4. I give permission for the Diocese of Monterey and School to feature my child's school work as indicated in #3. If my child's work is shown, I do not give permission for the Diocese of Monterey to identify my child's work.

By signing this release, I acknowledge that I hereby release and forever discharge the Diocese of Monterey and its officers, agents, and employees from and against any and all claims, damages or suits which may arise from the use of the Diocese of Monterey and/or School publications, press/media releases, or website, including, but not limited to, the activities and publicity mentioned above. If School does not receive this form from me, School will assume that I do not grant any of the permissions requested in this form. I understand this form will be kept on file at School. If a situation arises that may change my child's status regarding publicity, it is my responsibility to notify School in writing as soon as possible. New release forms will be required each school year.

 Parent/Guardian Signature

 Date

Sacred Heart School Student Temperature Release Form

_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
Last name of Student	First Name	Grade

Documentation of temperature taking and procedures followed shall be retained in the school office.

No student may remain on campus with an elevated temperature.

If the temperature taking reveals that the student does not have an elevated temperature, the parent or guardian shall decide whether or not the student remains on campus.

I hereby give my permission to Sacred Heart School – Salinas to take my student’s temperature and to immediately inform me of the results.

_____	_____
Parent/Guardian Signature	Date

Parent Printed Name	
_____	_____
Parent/Guardian Signature	Date

Parent Printed Name	

Sacred Heart School Telecommunication Use Contract

Last name of Student	First Name	Grade
Last name of Student	First Name	Grade
Last name of Student	First Name	Grade
Last name of Student	First Name	Grade

Sacred Heart School strongly believes in the educational value of technology and Internet electronic services and recognizes their potential to support its curriculum and student learning in facilitating resource sharing, innovation, and communication. Sacred Heart School will make every effort to protect students from any misuses or abuses as a result of their experiences. Inappropriate and/or illegal interaction with the information services is strictly prohibited.

Please read this document carefully. When signed by you and your child, it becomes a legally binding contract. Sacred Heart School must have your signature and that of your child before the school can provide you with Internet access.

I understand that the Internet is a communication network that will allow me to communicate with people all over the world and it will enable me to search for and receive information on a variety of topics.

I understand that I may encounter material which is controversial and which my parents, teachers or administrators may consider inappropriate or offensive. Since on a global network it is impossible to control effectively the content of data, I understand that it is the user's responsibility not to initiate access to such material, and to report any observation of access to such material to the teacher or supervisor. I will not hold Sacred Heart School or its staff responsible or liable for any controversial or offensive material found on the Internet. Although teachers, aides, and tutors will monitor the activity of all users, I understand that this will not totally prevent access to inappropriate or offensive information by users.

I understand that using the Internet and technology equipment is a privilege. I understand that to keep my privilege to use the Internet I must follow all of the rules and directions that Sacred Heart School establishes.

RULES

1. I will not use email, instant messenger, or chat rooms while on the Internet at Sacred Heart School unless specifically instructed by the teacher.
2. I will not use computer resources for non-academic purposes.
3. I understand that all of my work on the Internet and school network may, but will not necessarily, be reviewed by my parents and adults at school.
4. I will never search for, download, or store information that is profane, pornographic, obscene, or that uses language that offends or degrades others.
5. I will tell the adult supervising the class immediately if information, pictures, or music or videos are received which are profane, pornographic, obscene or offensive or if another student is deliberately searching for such information that is not allowed.

Sacred Heart School Telecommunication Use Contract - continued

- 6. I will never delete, move, or trash any applications or files that are not mine. I will not cause damage to any technology equipment.
- 7. I understand that at Sacred Heart School's discretion, any violation of the Rules or Policies related to Internet access and/or school technology equipment may result in cancellation of my privileges, school disciplinary action may be taken, and/or appropriate legal action initiated.

If a student breaks the rules, he/she may lose all Internet and technology privileges.

As a parent/guardian of this student, I have read the Student Telecommunications Use Contract and have discussed it with my child. I understand that any violation of the conditions and rules may result in the loss of my child's privilege to access the technology equipment and/or Internet. The school will notify me of the incident and the action taken. I recognize that it is impossible for Sacred Heart School to restrict access to controversial materials and I will not hold them responsible for materials acquired through the Internet.

- I/we **DO** give permission to allow my child(ren) to use the Internet.
- I/we **DO NOT** give permission to allow my child(ren) to use the Internet.

I certify that the information contained in this form is correct.

Parent/Guardian Signature

Date

Parent Printed Name

Parent/Guardian Signature

Date

Parent Printed Name

Student Signature

Date

Student Signature

Date

Student Signature

Date

Student Signature

Date

Diocese of Monterey Driver Information and Questionnaire

If you wish to be a driver for student field trips, the Diocese of Monterey requires a photocopy of a valid California drivers license, and a photocopy of a current insurance policy stating amount of coverage for each driver listed below. All questions below must be answered **YES** or **NO**. If no, please explain in the area provided.

_____	_____	_____
First Name of Driver 1	Middle Name of Driver 1	Last Name of Driver 1
_____	_____	_____
First Name of Driver 2	Middle Name of Driver 2	Last Name of Driver 2
_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
Last name of Student	First Name	Grade
_____	_____	_____
Last name of Student	First Name	Grade

- YES NO I am at least 25 years of age and have regularly driven automobiles for the past 5 years.
- YES NO I possess a valid, unrestricted (except for corrective lenses) California Drivers License **and have attached a photocopy.**
- YES NO In the past eight years, I have NOT been convicted* of any of the following:
(check offenses where a conviction occurred, otherwise, leave blank. Any offenses checked require explanation below)
 - ____ Any offense involving alcohol or drugs (e.g. DUI/Drugs, open container, etc.)
 - ____ Negligent, careless or reckless driving
 - ____ Evading a peace officer
 - ____ Speed contest or exhibition of speed
 - ____ Hit and run
 - ____ Speeding more than 20 mph over posted limit
 - ____ Failure to stop at a stop sign or signal
 - ____ Any felony charge involving a motor vehicle
 - ____ Driving with a suspended or revoked license
 - ____ Vehicular manslaughter
 - ____ Driving on the wrong side of the road

FURTHER EXPLANATION: _____

Diocese of Monterey Driver Information and Questionnaire - continued

- YES NO In the past four years, I have NOT been convicted* for more than one moving violation.
*Convicted includes all convictions and/or related traffic school attendances.
- YES NO The vehicle I drive is registered to me.
- YES NO I have liability insurance* as required by law on the vehicle I will drive.
*Copy of current policy stating AMOUNT of coverage must accompany this application.
- YES NO My vehicle is, to the best of my knowledge, in good mechanical condition.
- YES NO My vehicle does NOT hold more than 8 passengers and I have a seatbelt for each passenger.
- YES NO My fingerprinting has cleared with the Diocese of Monterey as a volunteer.

FURTHER EXPLANATION: _____

I WILL DRIVE SAFELY AND FOLLOW ALL SACRED HEART SCHOOL AND DIOCESAN POLICIES.

 Driver 1 Signature

 Date

 Driver Printed Name

 Driver 2 Signature

 Date

 Driver Printed Name

Parent/Guardian Signature Page

To assist the school with signature verification, each parent/guardian must complete the sections below. Only these signatures listed below will be accepted on any document requested by the school (ie: report cards, progress reports, disciplinary notices).

Family/Household Name

Parent Printed Name

Signature

Parent Printed Name

Signature

Family/Household Name

Parent Printed Name

Signature

Parent Printed Name

Signature

Sacred Heart School Student Emergency Goodie Bag

Each year, as part of our Disaster Preparedness Plan, Sacred Heart School requests parents/guardians to provide a "goodie bag" for each student in their family. You may purchase a goodie bag from the Sacred Heart chartered Pack 68 Cub Scouts as a pack fundraiser at the Back to School Fair, or you can prepare and provide a bag yourself for your student. **PLEASE NOTE**, if your child is enrolled in extension, even part-time, a goodie bag **MUST** be supplied for extension as well as the classroom.

If you choose to prepare your own bag, please select your student's "meal" items from the following list and place them in a Ziploc bag labeled with his/her full name, grade, and teacher. Please place the label facing out. Also, a comforting note written by you for your student would be a helpful addition. All foods should have pop-up lids and be easy to open. Nothing should require a can opener. The goodie bags **MUST** be shelf stable for 10 months – check the expiration date carefully. The following is a list of recommendations to include in the "goodie bag".

- 1) One or two of the following:
 - Small package of unsalted nuts or trail mix
 - Beef jerky, pop-up canned meat or tuna

- 2) One or two of the following:
 - Canned fruit or pudding
 - Small package of dried fruit
 - Fruit roll up

- 3) One or two of the following:
 - Granola bar (without chocolate coating)
 - Small package of crackers (unsalted or low salt)

- 4) Two or three of the following
 - Small packages/boxes of juice
 - Plastic forks or spoons

- 5) A comforting note from you to your student

- 6) Name label facing out

Please avoid salty foods that need water added, foods that need heating, and especially foods that your student will not eat! Pre-packaged emergency kits are also available at many stores such as Costco and Target, and are acceptable as well.

PLEASE BRING YOUR STUDENT'S GOODIE BAG TO SCHOOL NO LATER THAN THE FIFTH DAY OF SCHOOL.

Any student who does not have a "Goodie Bag" by the sixth day of school will be provided a pre-packaged kit and the family will be charged \$20.00 for each kit that the school provides.