



**St. Matthew Lutheran Church & Early Childhood Center**  
**Hawthorn Woods, IL 60047**

**Registration Form School Year**  
**2024-2025**

**\*Student Information\***

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Nickname (optional) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Gender:  Male  Female

Baptized:  No Yes, on \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

Are both Parents living at home with child? \_\_\_\_\_ If no, who has custody? \_\_\_\_\_ Special Guidelines: \_\_\_\_\_ \*See back for details

Hispanic/Latino Ethnicity?  Yes  No \*See instructions on back

Race: Select 1 or more. Instructions on back.

12- American Indian or Alaska Native  13-Asian  14-Black or African American  15-Native Hawaiian or other Pacific Islander  16-White

Is a language other than English spoken in your home?  No  Yes – Language: \_\_\_\_\_

Does your child speak a language other than English?  No  Yes – Language: \_\_\_\_\_

I wish to have contact information (address, phone number, email address) included in the School Directory:  Yes  No

Does your child have siblings?  Yes  No

**\*Parent/Guardian Information\***

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Home Church: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ May we send texts to this cell #:  Yes  No Work Phone: \_\_\_\_\_

**\*Parent/Guardian Information\***

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Home Church: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ May we send texts to this cell #:  Yes  No Work Phone: \_\_\_\_\_

**\*Emergency Contact Information/Pick Up Authorization\***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ City: \_\_\_\_\_

Special Guidelines:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*Proper paperwork will be required. Please talk to the school administrator for what is required\*\***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Instructions for Identification of Race and Ethnicity

We are required by the Federal and State authorities to report each student's race and ethnicity for the current school year. If you do not supply this information to St Matthew Lutheran Church & Early Childhood Center, a staff member is required to use visual observation techniques to record the missing data.

Please Call the school office if you have any questions. Please use the following descriptions to report your race and ethnicity according to the new descriptors from the Federal and State Authorities.

#### Ethnicity:

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

#### Race:

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central American, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)