

## Religious Education Family Registration Form 2001-2002

Date \_\_\_\_\_ Family Name \_\_\_\_\_  
(if blended family, please include both names)

Home Phone \_\_\_\_\_ Street \_\_\_\_\_

Work Phones \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents First Names \_\_\_\_\_

Special Family Situations (i.e. joint custody etc.) \_\_\_\_\_

Are you a registered member of St. Julie's? Yes \_\_\_\_\_ No \_\_\_\_\_

Student's Name	Age	Current School & Grade	Rel. Ed. Day & Grade <i>(Completed on Registration Day)</i>	DOB

Does your child(ren) have any special learning or emotional needs? \_\_\_\_\_

Are any of your school-aged children **not** baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

Names: \_\_\_\_\_

Have any of your third grade & older children **not** received their First Communion?

Yes \_\_\_\_\_ No \_\_\_\_\_

Names: \_\_\_\_\_

.....  
*Office use only:*

Rel. Educ. Tuition: \_\_\_\_\_

1<sup>st</sup> Communion Fee: \_\_\_\_\_

Outside of Parish fee: \_\_\_\_\_

Total: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

(over)

**MEDICAL INFORMATION:**

Please list any medications, allergies, or any type of condition or illness that we should be aware of:

NAME OF CHILD	MEDICATION/CONDITION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**CONSENT FOR TREATMENT:**

I hereby give my permission to have my child(ren) treated with minor first aid and/or paramedics as the need arises. My emergency contacts are listed below.

\_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_ (Date)

In the event of a major earthquake or disaster, your child(ren) will be held on the school grounds and released only to you or those adults listed as your emergency contacts.

I hereby give consent for those persons listed below to act in my stead and to take my child(ren) home if I am unable to do so. I have notified each of them regarding this permission.

\_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_ (Date)

**EMERGENCY CONTACTS (List two separate persons):**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**NOTE: Adults must list the name of each child they are removing from the building. Adult signature, date and time are required before the child(ren) are released.**