

Saint Ann Catholic Church
Religious Education Registration 2010-2011
Returning Student Form

CHILD INFORMATION

Child Name: _____ Gender: M F
Child DOB: _____ Age: _____ School: _____ Grade: _____

PARENT INFORMATION

Parent(s) Name: _____
Address: _____

_____, Indiana Zip Code: _____

Phone: _____ Cell Phone #1: _____

Cell Phone #2: _____

Email: _____

(This year we are sending out a lot of updates, publications, and reminders through email to keep you informed of our great programs!)

Emergency Contact Name: _____

Emergency Contact Phone: _____

I have read the Religious Education Handbook and agree to all of its policies:

Signature of parent: _____

Emergency Medical Release

I, _____ hereby authorize emergency medical personnel to administer appropriate medical treatment to my child in the event of a medical emergency.

Signature: _____ Printed Name: _____

Relationship to Child: _____

Drug Allergies (list drug allergies of child if applicable): _____

Please fill out a full form for each child. A copy of this information is given to each catechist and it is necessary that they have all of the important information in case of an emergency. Thank you.