St. Charles Borromeo Parish
Religious Education Registration Form 2019-2020

Student's FULL/LEGAL Name: _____
First Middle Last

Street Address:_____

City/State: _____Zip Code:_____ Home Phone: _____

Date of Student's Birth: _____

Upcoming Grade in School for 2019-2020 year: _____ School_ _____

Home Parish (Where you are currently registered): _____

*Check the sacraments your child has received if you are a **NEW** student to Religious Education:*
Baptism: _____ *Eucharist:* _____ *Confirmation:*_____ *Reconciliation:* _____
*Church of Baptism:*_____

Please list all allergies, special physical needs or special learning needs that your child has: _____

_____

Parent/Guardian Information

Mother's Full Name: _____Maiden Name: _____

Address (If different from student): _____

Cell Phone: _____ Work Phone: _____

Email: _____

Religion: _____

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Father's Full Name: _____

Address (If different from student): _____

Cell Phone: _____ Work Phone: _____

Email: _____

Religion: _____

Emergency Information

EMERGENCY CONTACT: **I authorize the below named contact to authorize medical attention for my child(ren) and/or to pick up my child(ren) if I am not available.**

Name:_____Relationship to Child:_____

Home Phone : (_____)_____Cell Phone :(_____)_____

Health Insurance Provider

Insurance Provider: _____

Insurance Certificate Number: _____ Hospital Preference: _____

Parent Providing Coverage: _____Date of Birth: _____

Family Doctor: _____ Phone #: _____

In the event that I or the family physician indicated above cannot be reached and if, in the judgment of the Parish staff, immediate medical attention is indicated, I authorize the Parish staff to send my child(ren) to an available hospital or physician. I authorize the treatment of my minor child(ren) by qualified emergency medical personnel or licensed medical doctors in the event of an emergency which, in the opinion of the attending emergency medical personnel and/or doctors, may cause physical disability, undue discomfort and/or endangerment of life if delayed. This consent is granted only after a reasonable effort has been made to reach me.

Signature of Parent/Legal Guardian: _____ Date_____

If there is a step-parent who you would like to have as a contact, put information below:

Relationship to Child: _____
Name_____
Address_____
City/State/ZIP:_____Home Phone: (__)_____
Email: _____
Religion:_____
May this parent pick up child(ren) from class?_____

Office use only: Date_____Fee amount paid_____Check # _____Cash_____Scrip:_____