

**ALL SAINTS
PARISH SCHOOL OF RELIGION
2011-2012**

STUDENT NAME: _____ GRADE: _____

ADDRESS: _____ ZIP CODE: _____ TELEPHONE: _____

E-MAIL ADDRESS: _____ DATE OF BIRTH: ____ / ____ / ____

SCHOOL STUDENT IS CURRENTLY ATTENDING _____

FATHER'S NAME: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

MOTHER'S NAME: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

CHILD RESIDES WITH: BOTH PARENTS _____ FATHER ONLY _____ MOTHER ONLY _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

HAS YOUR CHILD BEEN BAPTIZED? _____

HAS YOUR CHILD MADE HIS/HER FIRST CONFESSION? _____

HAS YOUR CHILD MADE HIS/HER FIRST COMMUNION? _____

AMOUNT OF FEES PAID: _____ CHECK: _____ CASH: _____

Medical Information

This information should be completed for any person (under 19 years of age) in parish religious education, Catholic School, or youth programs on an annual basis at the beginning of the program. Place a check mark next to any physical condition the PSR staff should be aware of.

CONDITION:	Yes	No	PRESCRIBED MEDICATION	DATE
Insect stings: _____				
Fainting Spells: _____				
Allergies: _____				
Ear infections: _____				
Asthma: _____				
Seizures: _____				
Heart condition: _____				
Diabetes: _____				
Headaches: _____				
Other: _____				

Date of most recent Tetanus Shot: _____

Allergic reactions to any drugs (be specific): _____

Activities individual should not participate in: _____

Any special disability or illness that might require attention: _____

Are you a registered member of All Saints Parish?

