



Religious Education Registration and Emergency Medical Authorization

Due to the Parish Office by July 15th

Students Name: First: _____ Middle: _____ Last: _____
 School Year: _____ Grade: _____ Sacred Heart: _____ St. George: _____
 Birth Day: _____ / _____ / _____ Place of Birth: _____
 Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ Email: _____

Father's Name: _____ Religion: _____
 Phone: _____ Email: _____
 Mother's Name: _____ Religion: _____ Phone: _____
 Maiden Name: _____ Email: _____

For a child going into First Grade, or new to the program, please check one:

A copy of child's Baptism Certificate is attached: _____
 I am mailing a copy of the certificate to the office: _____
 The Certificate is on file at Sacred Heart Church: _____

Sacraments the student received:

Baptism:	No: _____	Yes: _____	Date: _____	Place: _____
First Penance:	No: _____	Yes: _____	Date: _____	Place: _____
First Eucharist:	No: _____	Yes: _____	Date: _____	Place: _____
Confirmation:	No: _____	Yes: _____	Date: _____	Place: _____



Emergency Contact

The following information will determine which parent we contact first in case of emergency. So to have the Mother contacted first, list her name first. To have the Father contacted first, list his name first.

Parents Full Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____

The second emergency contact is only contacted if parents cannot be reached first. You may choose a relative, however please make sure the contact is within 30 minutes of Sacred Heart/St. George.

Contacts Full Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____

Medical Conditions

Allergies: _____
Conditions: _____
Medications: _____

Pediatrician's Name: _____
Street Address: _____
City/Town: _____ State: _____ Zip: _____
Phone Number: _____

Dentist's Full Name: _____
Street Address: _____
City/Town: _____ State: _____ Zip: _____
Phone Number: _____