

FAMILY NAME (Last name only) _____	Home phone: _____
STUDENT(s) Address: _____	
Street	City Zip

Father's Name _____ **Cell Phone:** _____ **Religion** _____

Father's Address _____
 Street City Zip

Mother's Name _____ **Cell Phone:** _____ **Religion** _____

Mother's Address _____
 Street City Zip

May we communicate with you through e-mail? Y / N

Father's e-mail _____ **Mother's e-mail** _____

Name(s) of Child(ren) (include last name if different from parent/s)	Male Or Female	Date Of Birth	*Baptism Date and Place	First Eucharist Date and Place	Last level of Religious Education Completed	Academic Grade In Fall

***A copy of each child's baptismal certificate MUST be on file in the Religious Education Office.
 Children new to this PSR program – please include a copy of the baptismal certificate with this form.**

COMPLETE AND SIGN THE DIOCESAN/ST. PIUS X EMERGENCY INFORMATION ON PAGE 2!

Volunteers are ALWAYS needed and appreciated. All volunteers must be fingerprinted and have a BCI background check and attend the diocesan workshop "Protecting God's Children." Please check any duties that interest you.

CATECHIST _____ **CLASSROOM AIDE** _____ **HALL MONITOR** _____

OFFICE AIDE _____ **NURSE** _____

For Office Use: Received _____ **Bp Ct 1 2 3 4**

1. CL#

2. CL#

3. CL#

4. CL#

EMERGENCY MEDICAL FORM
Diocese of Columbus/St. Pius X Religious Education

FAMILY NAME (last name only) _____ HOME PHONE _____

Special Medical/Educational Needs (Please update yearly and select as appropriate)

Please check all that apply:

Name of child(ren)

<input type="checkbox"/>	ADD/ADHD	
<input type="checkbox"/>	Autism	
<input type="checkbox"/>	Behavioral/Emotional Disturbance	
<input type="checkbox"/>	Visual Impairment (including blindness)	
<input type="checkbox"/>	Orthopedic impairment	
<input type="checkbox"/>	Speech or language impairment	
<input type="checkbox"/>	Child needs individual aid in class	
<input type="checkbox"/>	Child unable to use stairs	
<input type="checkbox"/>	Developmental disabilities	
<input type="checkbox"/>	Reading difficulties	
<input type="checkbox"/>	Traumatic brain injury	
<input type="checkbox"/>	Special diets or allergies (specify)	
<input type="checkbox"/>	Medications taken regularly:	
<input type="checkbox"/>	Other health concerns (chronic or acute health problems such as diabetes, epilepsy, asthma, etc):	

MEDICAL AUTHORIZATION

In case of emergency, I understand St. Pius X Religious Education will make every effort to contact me or other designated parent or guardian:

Your Name: _____ **Phone#** _____

Other designated Emergency Phone Numbers:

Name _____ **Phone #** _____

Name _____ **Phone #** _____

However, if they cannot reach me or a designated person, I give my permission to take my child for emergency treatment. I release St. Pius X Religious Education and St. Pius X Church, staff, and volunteers from all liability of any kind which may arise from such emergency.

Signature of Parent or Guardian: _____ **Date:** _____