

**Religious Education: Student Registration Form 2017-2018**

<b>Student Last Name:</b>		<b>Student First Name:</b>	
<b>Sex:</b>	<b>Birth Date:</b>	<b>Age:</b>	<b>Grade:</b>
<b>Parish Your Child Was Baptized In:</b>		<b>Parish City:</b>	<b>Parish State:</b>
<b>Parish Your Child Received First Communion In:</b>		<b>Parish City:</b>	<b>Parish State:</b>
<b>Will Your Child Be Completing a Sacrament This Year?:</b> First Communion    Confirmation			
<b>What Parish Are You Currently Registered In?</b>			
<b>Mother's Name:</b>		<b>Mother's Cell Phone:</b>	
<b>Mother's Email:</b>		<b>Mother's Address:</b>	
<b>Father's Name:</b>		<b>Father's Cell Phone:</b>	
<b>Father's Email:</b>		<b>Father's Address:</b>	
<b>Guardian's Name:</b>		<b>Guardian's Cell Phone:</b>	
<b>Guardian's Email:</b>		<b>Guardian's Address:</b>	
<b>Emergency Contact 1:</b>		<b>Phone Number:</b>	
<b>Emergency Contact 2:</b>		<b>Phone Number:</b>	
<b>Medical History</b>			
<b>Family Doctor:</b>		<b>Phone Number:</b>	
<b>Immunizations:</b> Record Year of Last Immunization <i>Information requested per Diocese</i>			
Tetanus/Diphtheria: _____ Measles: _____ Mumps: _____ Chicken Pox: _____ Rubella: _____ Polio: _____ TB: _____ (results) _____ Hepatitis B: _____ Other: _____			
<b>Special Information:</b> Please check all that apply. Information will be held in strict confidence.			
Sleep Walking: _____ Fainting: _____ Dizziness: _____ Blackouts: _____ Asthma: _____ Kidney Problems: _____ Frequent Nosebleeds: _____ Frequent Colds: _____ Seizures: _____ Severe Headaches: _____ Diabetes: _____ Severe Homesickness: _____ Frequent Ear Aches: _____			
<b>Allergic Reactions:</b> Please list all known allergies – plant, insect, food, medicine, and type of reaction we can expect.			
<b>Describe any medical problems or issues your child has we should know about:</b>			
<b>Describe any physical limitations your child may have:</b>			
<b>Describe any emotional/psychological limitations or reactions:</b>			
<b>List medications your child takes:</b>			

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_