

Religious Education Registration

Family: _____

M. Maiden: _____
Date: _____
Home Phone: _____
Mom/Dad Work: M _____ D _____
Emerg. Phone: _____
Email: _____
Custodial Parent, if different from above: _____
School: _____
Rel Ed mailing to additional address? If so, state: _____
Both Parents Catholic? Y N _____

Child	Birthdate	Sex	Grade	Session	Sacrament and Date:
_____	_____	_____	_____	_____	Baptism <i>Catholic?</i> Eucharist Penance Confirmation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Special Needs: medical, learning disabilities, physical disabilities:

Child	Birthdate	Sex	Grade	Session	Sacrament and Date:
_____	_____	_____	_____	_____	Baptism <i>Catholic?</i> Eucharist Penance Confirmation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Special Needs: medical, learning disabilities, physical disabilities:

CONSENT FOR EMERGENCY TREATMENT At the time of an emergency, in the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for any treatment deemed necessary by the preferred listed doctor or dentist, or in the event the listed doctor/dentist is not available, by another licensed physician or dentist. I also agree to the transfer of my child(ren) to any reasonably accessible hospital where fruther consent will be obtained before treatment.

Preferred Doctor: _____ **Phone:** _____

Preferred Dentist: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____

NON-CONSENT FOR EMERGENCY TREATMENT I do not give my consent for emergency medical treatment of my child(ren). In the event of illness/injury, I wish St. Joseph to take the following actions:

Parent/Guardian Signature: _____ **Date:** _____