

St. Philip's and St. Teresa's Religious Education Registration Form

P.O. Box 339, Occidental, Ca. 95465

Name of student _____

Address _____ Phone _____
Street or P.O. Box City Zip

Primary E-Mail Address: _____

Grade _____ School _____ Birthdate _____

Place & Date of Baptism _____

Place & Date of First Communion _____

Parent/Guardian _____ phone _____ email _____

Parent/Guardian _____ phone _____ email _____

Person(s) other than parent to notify in case of emergency:

Name _____ Phone(s) _____

I hereby authorize, in an emergency situation, the person or persons having supervision and/or control over the Religious Education Program to seek medical assistance for my son/daughter, and I authorize medical treatment by an attending physician if unable to contact the parent/guardian(s).

Parent/Guardian's Name _____

Signature _____ Date _____

Physician's Name _____ Phone _____

Health Insurance Carrier _____

Any Allergies? _____

Medications currently being taken: _____

Persistent medical conditions that the staff should be aware of:

___ Yes, I have read the guidelines of the program.

___ Yes ___ No It is okay to include my child/family information in the class directory (available only to Religious Education families)