

SPIRITUS CHRISTI CHURCH

121 N. Fitzhugh Street, Rochester, NY, 14614
Phone: (585) 325-1180 FAX: (585) 325-1191

Religious Education Registration Form 2014-2015

Family Name: _____			
Address: _____			
Street	City	State	Zip
Home Phone: _____			
Parent Name: _____		Work Phone: _____	Cell Phone: _____
Parent Name: _____		Work Phone: _____	Cell Phone: _____
EMAIL Address: _____			
<input type="checkbox"/> Yes, you can communicate with me via e-mail			

Name, address and phone # of parent if different from above:			
Name: _____			
Address: _____			
Street	City	State	Zip
Phone: _____		Cell Phone: _____	

Child's Name: _____		
(Last)	(First)	(Middle)
Date of Birth (Mo/Day/Yr): _____		
School Attending: _____		Grade in Sept.: _____
Will this child be preparing for a sacrament? (Y) (N)		
First Communion (2 nd Grade & above), First Reconciliation (4 th Grade & above)		
Child's Interests (Sports, music, other):		

Child's Name: _____		
(Last)	(First)	(Middle)
Date of Birth (Mo/Day/Yr): _____		
School Attending: _____		Grade in Sept.: _____
Will this child be preparing for a sacrament? (Y) (N)		
First Communion (2 nd Grade & above), First Reconciliation (4 th Grade & above)		
Child's Interests (Sports, music, other):		

The information on this form will be kept confidential and will be shared only with the youth ministers, religious education director, youth group adult leaders, and, in the case of medical emergency, appropriate medical personnel.

Please indicate whether your child(ren) has any special needs: (including known allergies)

Child's Name: _____

Child's Name: _____

Who should be notified in case of an emergency (If a parent cannot be reached)?

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Health Insurance Provider: _____ Policy #: _____

Family Physician/Practice: _____ Phone #: _____

Is there anyone to whom the child(ren) cannot be released? (Y) (N)

If yes, who? _____

Please list an addition information you feel we should know:

In signing this form, which includes health information, I hereby certify that the information herein is correct, I give permission for my child(ren) to be transported in privately owned vehicles for medical and other emergency purposes, and for the release of medical records to an attending physician in the case of injury or illness.

In the case of an emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child(ren) names herin.

Parent/Guardian Signature: _____ Date: _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE REL. ED. OFFICE @ 325-1180