

CHILDREN LIVE WITH (NAME) _____ PERSON WITH CUSTODY (NAME) _____
JOINT CUSTODY () SOLE CUSTODY ()

Does your child/ren have any allergies, special medications, learning situations (ADD, HDL, LDD), hearing or seeing difficulties? Yes () No ()
If Yes, name of child and explanation (please provide specific instructions as appropriate):

WHAT LANGUAGE IS SPOKEN IN THE HOME OTHER THAN ENGLISH: _____

EMERGENCY AND DISMISSAL INFORMATION

In the event that I cannot be reached for an injury or illness of my child that would require a dismissal, I give my permission to contact the names listed below:

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE () _____ RELATIONSHIP _____

MOTHER'S PLACE OF EMPLOYMENT & PHONE _____ () _____

FATHER'S PLACE OF EMPLOYMENT & PHONE _____ () _____

I _____ *PARENT/GUARDIAN* _____ HEREBY REGISTER MY CHILD(REN) FOR RELIGIOUS EDUCATION. DATE _____

DISMISSAL RECORD

NAME _____ DATE _____ REASON _____

NAME _____ DATE _____ REASON _____

NAME _____ DATE _____ REASON _____

NAME _____ DATE _____ REASON _____