

Language(s) spoken at home other than English _____

If you are members of either Parish, your use of Sunday and Holy Day envelopes will determine whether or not you are an Active or Inactive member for tuition by its presence not its content.

Are you members of St. Mary's? Yes ___ No ___

Are you members of Sts Francis and Clare? Yes ___ No ___

Does parent that child DOES NOT live with have legal access? Yes ___ No ___ (If NO a copy of court order is needed.)

E-mail _____

Home Phone #: _____ Street _____

Mom's Cell #: _____ City _____

Dad's Cell #: _____ State _____ Zip _____

Family's Home Address _____

Step-parent's/Guardian's name _____ MI _____ Last Name _____

Religion _____

Married ___ Single Parent ___ Divorced-Remarried ___ Widower ___ Separated ___

Religion _____

Married ___ Single Parent ___ Divorced-Remarried ___ Widower ___ Separated ___

Religion _____

Last Name _____ Maiden Name only _____

First Name _____ First Name _____

Birth Father

FAMILY INFORMATION (if there is a step-parent or guardian, include that information below.)

Attach extra information if needed for special needs, allergies, other health issues or important information.

Birth Mother

BACK

FRONT

St. Mary's and Sts Francis and Clare Religious Education Program

Print Clearly ONE Emergency Card for each RE Student

EMPLOYMENT INFORMATION

Child's Full Name: _____

Father's Employer: _____

Address : _____ Phone # _____

Mother's Employer: _____

Address : _____ Phone # _____

Needs/Allergies: _____

EMERGENCY INFORMATION

... Parents will automatically be called before contacting alternates ...

Alternate Emergency Name #1 _____ Phone # _____

Relationship _____

Alternate Emergency Name #2 _____ Phone # _____

Relationship _____

Family Doctor Name _____ Phone # _____

Family Dentist Name _____ Phone # _____

Preferred Hospital _____ Phone # _____

Address _____