

OFFICE USE

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Home Phone # () _____

**ST. PHILIP THE APOSTLE RELIGIOUS EDUCATION PROGRAM
STUDENT INFORMATION CARD**

Child's Name _____ Birthdate _____
(Last, First, Middle) (Month-Day-Year)

Street Address _____ City/Zip _____

Correspondence regarding child should be sent to _____
(Parent/Guardian's Name)

Child lives with: Dad & Mom Mom alone Dad alone Mom & Stepdad Dad & Stepmom
 Other _____

Father's Name _____ Religion _____ Work # _____
(Last, First)

Mother's Name _____ Religion _____ Work # _____
(Last, First)

Public school child attends _____ City _____ Grade _____

Child was baptized on _____ at _____ Church in _____
(Date) (Name of church) (City, State)

First Communion Date _____ Penance Date _____
Church _____ Church _____

(Over ----->)

EMERGENCY MEDICAL INFORMATION

Please list any important health or learning information concerning your child. For example--allergic (food, medication, environmental) reactions, learning disabilities, diabetes, vision or hearing impairment, physical disabilities that would preclude climbing stairs, etc.

Emergency numbers if parents cannot be reached at home or at work:

(Name) (Relationship to family) (Phone #)

(Name) (Relationship to family) (Phone #)

I give permission for my child to receive emergency treatment if I or my designated emergency contacts cannot be reached at the above telephone numbers.

(Signature of Parent/Guardian) Date _____