

Family Information

Mother's Name: _____ Work Phone: (____) _____
Last Name / First Name

Maiden Name: _____ Deceased

Religion: _____

Father's Name: _____ Work Phone: (____) _____
Last Name / First Name

Religion: _____ Deceased

Legal Guardian, if different than above:

Name: _____ Home Phone: (____) _____
Last Name / First Name

Maiden Name: _____ Work Phone: (____) _____

Address: _____
Street Town State Zip

Health Information

Does your child have learning needs?

Learning Disability – Classification: _____

Other – Please Explain: _____

If your child has any medical conditions please explain:

Are there any other special instructions? (*i.e. dismissal, transportation, etc.*)

Are there any custodial issues? If yes, please explain: YES NO

Promotional Release

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: _____ Date: _____



Diocese of Trenton EMERGENCY CONTACT FORM

Please print or type all information below. Thank you.

Student's Name: _____
Last First Middle

Parent/Guardian's Name: _____
Last First Middle

Address: _____
Street Town State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Cell phone: (____) _____ E-Mail: _____

Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached):

A. Name: _____ Phone: (____) _____
Address: _____ Town: _____
Relationship: _____

B. Name: _____ Phone: (____) _____
Address: _____ Town: _____
Relationship: _____

C. Name: _____ Phone: (____) _____
Address: _____ Town: _____
Relationship: _____

Are there any health conditions of which we should be aware? If so, please explain:

Parent/Legal Guardian Signature: _____ **Date:** _____