St. Rita Religious Education Registration 2011-2012

Grade/ Age Fees paid / Date

Student's: Legal Last Name Legal First Name Legal Middle Name

BIRTH _____/_____/_____/_____/_____/_____ **(Male)—(Female)**
Month Day Year City State Country

PARENT: SACRAMENTAL INFORMATION *(Please Print Neatly)*

FATHER'S: Legal Last_____ **Legal First**_____**Legal Middle**_____

FATHER'S Religion:_____**SACRAMENTAL WEDDING: No Yes**
BAPTISM: No Yes RECONCILIATION : No Yes EUCHARIST : No Yes CONFIRMATION: No Yes ORDERS No Yes

MOTHER'S: Legal Last_____ **Legal First**_____**Legal Middle**_____

MOTHER's Religion:_____ **SACRAMENTAL WEDDING: No Yes**
BAPTISM: No Yes RECONCILIATION : No Yes EUCHARIST : No Yes CONFIRMATION: No Yes VOWS No Yes

Student Primarily Lives With: (Circle) Mother Father Stepmother Stepfather Grandparents Guardian

_____

Family: Street Address City State/Zip Code

WHO	HOME PHONE	CELL PHONE	WORK PHONE	E-MAIL
Dad				
Mom				
Child				
Grand Parent				
Other				

EMERGENCY CONTACT
NAME:
PHONE:

NAME:
PHONE:

I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT

IF NECESSARY YES NO Signature_____***Date***_____

Please list all allergies: _____

_____

_____

_____

List any medical considerations of which St. Rita should be familiar, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor, please attach a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor . **(Forms available from your doctor.)**_____

_____

_____

_____