



**FAMILY INFORMATION**

Family's Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Father's Work # \_\_\_\_\_

Mother's Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

**LIST THE NAME(S) OF THOSE PERSONS AUTHORIZED TO PICK UP YOUR CHILD(REN):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY AND A PARENT IS UNAVAILABLE, PLEASE LIST 2 CONTACT PERSONS:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_



Attention  
Parents

**Important - Please Complete: Medical, Learning and Safety Information**

Please list any information about your child that would be helpful for the catechist in the classroom or important for us to know for your child's safety and well being, i.e. allergies, medical or dietary concerns, medications, learning styles or other challenges.

\_\_\_\_\_  
\_\_\_\_\_

\* May we photograph your child(ren)? Y \_\_\_ N \_\_\_

\* May we send photos to media to highlight Rel. Ed. events? Y \_\_\_ N \_\_\_

\* My child(ren) have permission to walk home. Y \_\_\_ N \_\_\_

**In case of accident or serious illness, I hereby give the Holy Angels Religious Education Office permission to contact emergency personnel on behalf of my child.**

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_