

NEW FAMILIES – please return this form by AUGUST 1, 2018

If you have more than one child, please fill out one form for each child

Child Information Record - 2018-19

Child's Full Name as on Baptismal Certificate: _____

Child's Date of Birth: _____ Gender _____

Was Child baptized? Yes ___ No ___ Copy of Baptismal Certificate Attached? Yes ___ No ___

Mother's Name: _____ Religion _____

Home Address: _____

Mother's Maiden Name: _____

Email _____ Work Phone _____

Cell Phone _____ Home Phone _____

Father's Name: _____ Religion _____

Address (only if different from child's): _____

Email _____ Work Phone _____

Cell Phone _____ Home Phone _____

Legal Guardian's Name: _____ Religion _____

Email _____ Work Phone _____

Cell Phone _____ Home Phone _____

Home Address _____

Child resides with: _____

(e.g. Mother & Father, Mother, Father, Other – Specify)

Is there an order to limit access to the non-custodial parent? Yes ___ No ___

If yes, provide name of non-custodial parent: _____

Name of parent or parent substitute who will transport child/youth to and from Program:

Cell Phone Number: _____

Does child have special learning needs or learning problem?

Is there any additional information we should know about your child?

ST. JOHN THE EVANGELIST / OUR LADY OF MOUNT CARMEL
WHITE PLAINS, NY 10601

Child Information Record for _____
(Child's Name)

In Case of Emergency

**Persons to Contact If Parent/Legal Guardian Cannot Be Reached:
(Give contact information specific to time of Religious Education Session.)**

Name: _____ Relationship: _____

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Address: _____

Doctor for Emergency: _____ Work Phone _____

Cell Phone _____:

Address: _____

Special Medical Conditions:

Procedures to be followed if this condition becomes an emergency:

I understand that in case of an emergency, "911" will be called and an ambulance may be called by the Director of Religious Education or his/her designate.

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ Date: _____

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WHITE PLAINS, NY 10601

Child Information Record for _____
(child's name)

Agreement to be Used in Case of a Child with Allergies

Does Child have allergies? _____ Yes _____ No

List allergies:

Course of action to be followed if allergy presents an emergency condition:

Parent and Director of Religious Education agree on the following course of action:

What medication will be administered? _____

Who will administer medication?

(Name of Person)

(Role of Person)

Where will this medication be kept so as to be readily available?

What other actions will be taken?

By Whom? _____

Whenever emergency medication is administered, "911" will be called without exception.

Parent/Guardian Signature: _____

Date: _____

Director of Religious Education Signature: _____

Date: _____

Signature of Any other person involved: _____

Date: _____