



**OUR LADY OF JOY  
RELIGIOUS EDUCATION/CCD NEW REGISTRATION**

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**2. STUDENT NAME** \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_

**BAPTISM DATE** \_\_\_\_\_ **CHURCH OF BAPTISM** \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_ ZIPCODE \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE \_\_\_\_\_ DISTRICT \_\_\_\_\_

**UNIQUE NEEDS:** (EXPLAIN: LEARNING DIFFICULTIES, PHYSICAL OR HEALTH NEEDS, FAMILY CIRCUMSTANCES RELEVANT TO THE PROGRAM).

**3. STUDENT NAME** \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_

**BAPTISM DATE** \_\_\_\_\_ **CHURCH OF BAPTISM** \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_ ZIPCODE \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE \_\_\_\_\_ DISTRICT \_\_\_\_\_

**UNIQUE NEEDS:** (EXPLAIN: LEARNING DIFFICULTIES, PHYSICAL OR HEALTH NEEDS, FAMILY CIRCUMSTANCES RELEVANT TO THE PROGRAM).

**4. STUDENT NAME** \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_

**BAPTISM DATE** \_\_\_\_\_ **CHURCH OF BAPTISM** \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_ ZIPCODE \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE \_\_\_\_\_ DISTRICT \_\_\_\_\_

**UNIQUE NEEDS:** (EXPLAIN: LEARNING DIFFICULTIES, PHYSICAL OR HEALTH NEEDS, FAMILY CIRCUMSTANCES RELEVANT TO THE PROGRAM).

**OUR LADY OF JOY  
EMERGENCY CARE FORM**

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**SCHOOL YEAR** 2010-2011

Student 1 Name \_\_\_\_\_ CCD GRADE \_\_\_\_\_ ROOM \_\_\_\_\_

Student 2 Name \_\_\_\_\_ CCD GRADE \_\_\_\_\_ ROOM \_\_\_\_\_

Student 3 Name \_\_\_\_\_ CCD GRADE \_\_\_\_\_ ROOM \_\_\_\_\_

Student 4 Name \_\_\_\_\_ CCD GRADE \_\_\_\_\_ ROOM \_\_\_\_\_

Home Address \_\_\_\_\_ DOB \_\_\_\_\_ Home # \_\_\_\_\_

Mom Cell # \_\_\_\_\_ Mom Work # \_\_\_\_\_

Dad Cell # \_\_\_\_\_ Dad Work # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Allergies/daily medication/Chronic Health conditions:**

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Date of last tetanus \_\_\_\_\_

**IN CASE OF ACCIDENT OR ILLNESS CONTACT:**

Neighbor/Relative \_\_\_\_\_ Phone \_\_\_\_\_  
(Name and Relation)

Neighbor/Relative \_\_\_\_\_ Phone \_\_\_\_\_  
(Name and Relation)

**IN CASE OF EMERGENCY**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

**OUR LADY OF JOY  
EMERGENCY CARE FORM**

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If you are unable to get in touch with me or our Family Doctor, you have my permission to have the emergency taken care of by: (Please check one.)

Any available Local Physician

Yes

No

Emergency Room of Nearby Hospital

Yes

No

Other Instructions:

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SIGNATURE OF THE PARENT \_\_\_\_\_

DATE \_\_\_\_\_

**IT IS IMPERATIVE YOU CONTACT THE RELIGIOUS EDUCATION OFFICE WITH ANY CHANGE IN ANY INFORMATION,  
ESPECIALLY PHONE NUMBERS IN CASE OF AN EMERGENCY!!!**

**(Before returning this form, please be sure it is complete and signed in ink.)**