

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

Page 2

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**

Page 1

SCHOOL YEAR 2008-2009

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:

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 _____

