

# St. Catherine-St. Colman Special Education Program

## Child Information Record, Page 1

### (Yearly Registration Form)

Child's Full Name as on Baptismal Certificate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Was Child baptized? Yes \_\_\_\_ No \_\_\_\_ Copy of Baptismal Certificate Attached \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: \_\_\_\_\_

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?

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(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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*(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: \_\_\_\_\_