

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

2019-2020 Religious Education Registration (continued)

**Please download form from the Parish Web Site:
www.stjosephraritan.weconnect.com**

I authorize St. Joseph Parish/Religious Ed. To provide emergency medical care for my child (ren) if necessary:

Doctor's Name _____ Dr.'s Phone number _____

Hospital Preference (in case of an emergency) _____

I authorize the Director of Religious Education or the Pastor to share this Medical information with the child's catechist and class aide.

Signature of Parent/Guardian _____

Medical/Special Needs Information (please complete this section or attach detailed explanation

Child's Name _____ Grade: _____

- **ADD/ADHD (please circle one)** _____ **Food Allergy / Inhaler / Epi-pen* (please circle one)** _____
- **Medical Condition / Medications*** _____
- *** Please note- If your child MUST carry an Epi-pen or needs to take special medication during class,**
- **Permission slips must be signed by a parent and medical provider.**
- **Explanation for the above** _____

Please note: The above information helps the Catechist meet your child's specific needs and WILL NOT CATEGORIZE your child in any way.

Additional Family Information: (Please Explain)

Yes NO Are you a single parent? _____

Yes No Parent (s) Deceased? _____

Yes No Parents Separated? _____

Yes No Parents Divorced? _____

Yes No Is there anyone who **MAY NOT** transport your child home? Who? _____

Yes No Non- Parental Guardianship** _____

Yes No Custody / Visitation Issues** _____

Please fill out both sides of this form.

**If you have any questions, problems with registering, please call me at the rectory and speak with me directly. Your child's religious education is important to me.
(908) 725- 0163 x 11**

**Thank you,
Father Ken Kolibas**