

2020/2021 Immaculate Conception Religious Education

ADDITIONAL YOUTH 2020/2021 Family Name: _____

Child 3:

First Name: _____ Middle Name: _____ Gender: F M
Last Name (if different then above): _____ Age ____ Grade ____
Birth Date (mm/dd/yy): _____ Baptized: Yes No
1st Communion: Yes No

MEDICAL ALERTS: *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

Child 4:

First Name: _____ Middle Name: _____ Gender: F M
Last Name (if different then above): _____ Age ____ Grade ____
Birth Date (mm/dd/yy): _____ Baptized: Yes No
1st Communion: Yes No

MEDICAL ALERTS: *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

Child 5:

First Name: _____ Middle Name: _____ Gender: F M
Last Name (if different then above): _____ Age ____ Grade ____
Birth Date (mm/dd/yy): _____ Baptized: Yes No
1st Communion: Yes No

MEDICAL ALERTS: *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

Child 6:

First Name: _____ Middle Name: _____ Gender: F M
Last Name (if different then above): _____ Age ____ Grade ____
Birth Date (mm/dd/yy): _____ Baptized: Yes No
1st Communion: Yes No

MEDICAL ALERTS: *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

Return to: Attn: Lynette, Immaculate Conception Church, 555 8th Street SW, Pine City, MN 55063