

EMERGENCY FORM - (GRADES 1-6 ONLY)

This form is necessary for enrollment and must be submitted at registration.

1st Child

Last Name / First Name

Parent or Guardian's Signature

Parent's Full Name

Date

Child's Date of Birth

Age

Emergency Phone No.

2nd Child

Last Name / First Name

Parent or Guardian's Signature

Parent's Full Name

Date

Child's Date of Birth

Age

Emergency Phone No.

3rd Child

Last Name / First Name

Parent or Guardian's Signature

Parent's Full Name

Date

Child's Date of Birth

Age

Emergency Phone No.

Address

City

Zipcode

I/We request that the above child be permitted to attend St. Matthew Family Religious Education Program.

I [parent(s)] agree to all of the guidelines outlined in the Registratin Packet and agree to the emergency instructions.

In the event of an emergency and I do not answer my phone or the emergency contact listed below is not available, I give St. Matthew permission to seek medical care for my child. I accept responsibility for the payment of these medical services.

Please Initial

** Name of other persons authorized to pick up your child from class:

Contact Person: _____

Emergency Phone No: _____

Parents are responsible to inform the office whenever there are changes to any of the above information!

CUSTODY ISSUES:

Absent a copy of a court order, we will assume that both parents have custody of the child. If there are custody problems which might involve St. Matthew, please attach any necessary information. Specific custody restrictions must be verified by providing us with a copy of the COURT ORDER.

(PARISH OFFICE USE ONLY)

Child's Name

Signature of parent or guardian

Print Full Name

Date

Time