



## Emergency Information

Please indicate any special information the Child Ministry Office should have regarding the health of your child, allergies, etc. and if your child is taking any medication.

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Person(s) to be contacted in the event the parent(s) are not available for an emergency.

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Parent(s) / Legal Guardian**

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**Signatures**

Primary language spoken at home: \_\_\_\_\_

**RECONCILIATION FEE / FIRST COMMUNION FEE: \$50.00**

**MAKE CHECKS PAYABLE TO ST. GREGORY THE GREAT PARISH**