

## St. Timothy's Christian Formation Registration Form 2011

This information form enables us to maintain accurate information on your child and family. It also serves as a medical emergency/disaster information card for your child. Please complete a registration form for EACH of your children participating in Christian Formation.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Most Sundays, my child will attend church at 8:30am \_\_\_\_\_ 10:45am \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail \_\_\_\_\_

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

Father's Name \_\_\_\_\_ E-mail \_\_\_\_\_

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

What grade is child in now? \_\_\_\_\_ Name of School \_\_\_\_\_

Is child baptized? \_\_\_\_\_

### Medical Emergency and Disaster Information

#### Alternative Emergency Contacts

If parents cannot be reached, St. Timothy's is authorized to release a child to the following people:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ work/cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ work/cell \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies to Drugs or Food \_\_\_\_\_

Other Health Information \_\_\_\_\_

Tell us about your child: