

Date:	Member#:	Class day:
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Last name (father's) of the Students:	Last name (maiden) of the students:
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Address: # street,	City,	State	Zip code
			# Cell: & # Cell:

Parent Information:			
Father's name:	Religion	Birth date	Occupation
<i>Mother's e-mail:</i>			
Mother's name and maiden last name	Religion	Birth date	Occupation

Married by Church			Married by court
Yes / No			Yes / No

Please write NAME of the students that WILL be attending classes.

Name	Birth date	Age	School grade in Sep.	Baptism	Reconciliation (1er. Yr.)	1 st. Communion (2do. Yr.)	Confirmation	Class / Day / Class # <i>Office use only</i>
				Yes / No NB /BNV	Yes / No	Yes / No	Yes / No	Rec. / FC / Conf. 1 - 2
				Yes / No NB /BNV	Yes / No	Yes / No	Yes / No	Rec. / FC / Conf. 1 - 2
				Yes / No NB /BNV	Yes / No	Yes / No	Yes / No	Rec. / FC / Conf. 1 - 2
				Yes / No NB /BNV	Yes / No	Yes / No	Yes / No	Rec. / FC / Conf. 1 - 2
				Yes / No NB /BNV	Yes / No	Yes / No	Yes / No	Rec. / FC / Conf. 1 - 2
				Yes / No NB /BNV	Yes / No	Yes / No	Yes / No	Rec. / FC / Conf. 1 - 2
				Yes / No NB /BNV	Yes / No	Yes / No	Yes / No	Rec. / FC / Conf. 1 - 2

Name	Medical condition	Which	Allergies	Glasses	Special needs	Medication
	Yes / No			Yes / No		
	Yes / No			Yes / No		
	Yes / No			Yes / No		
	Yes / No			Yes / No		

Please indicate if the student has any special needs, for example: slow learning or hyperactive, etc. You do have to present medical or school documents.
 Brief explanation: _____

Medical coverage

Name	Insurance	Insurance#	Doctor & Tel. #

****In case of Emergency** (write your first option first) Please not parents**

Name	Tel. #	Relationship with student

Is there a Restriction order? Yes / No Against anyone that we should NOT hand your Children to. Please present legal document.

Name:	Relationship with student(s):
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Notes

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