Our Lady of Lourdes Parish School of Religion Re-Registration – Emergency Contact Form - **Deadline September 15**th **2017**.

Class times are: Tuesday Night Grades 7 and 8 from 6:40 to 8:00 Wednesday Evening Grades 1 to 3 from 5:30 to 6:50 Thursday Evening Grades 4 to 6 from 5:30 to 6:50

Student Name		M/F Date of Birth				
	Last	First	M.I.			
Address			[mail		
Address		Town	Zip Code			
Hom	e Phone	Cell Phone				
			Mother	Father		
Emergency Contact Nu	ımber/s:					
Public School Attendin	g			Grade in Public School 9/17		
Parents, please note that unless is should know about your Glasses C Allergies Parents if your child needs medic	ndicated, all children will be child's needs and how to be ontacts Hearing Aid ation for Diabetes, Asthma	expected to behave appropriately and est work with them in class. This is impossed by the second section of the section of t	progress on grade lever or tant to facilitate and the lever of tank to facilitate and the lever of the levero	ction ADD/ADHD Autism Spectriel. Please send us a separate sheet to tell us of any njoyable and meaningful learning experience for y Epilepsy Heart/Lung Anxiety rns ease notify your child's Catechist (teacher) of your ention you will be contacted immediately.	ything you feel we rour child.	
where	medication is kept. We do	not have a Nurse on Stant. Should your	chila need medical att	ention you will be contacted immediately.		
AU =		Family Inform				
All Far	nilies seeking to re-register	their children for OLOL Parish School of	Religion must be regis	tered parishioners of Our Lady of Lourdes		
Registered Parishioner	Family Name		Envelope #			
If your child does not have t	he same last name as t	he family name indicated above	enter child's last ı	name along with additional Parental Cont	act Informatior	
Childs Last Name	Oth	er Parental Name & Contact Information				
				Name/Relationship		
Address			Phone	Email		

Emergency Contact Information In the event a parent cannot be reached please call

1 st Contact							
Name			nip to Child	Phone #	Phone #		
2 nd Contact	Name	Polationsk	nip to Child	Phone #	Phone #		
			•	Phone #	Phone #		
Name of Authoriz	ed People to pick-up	your Child and rel	ationship:				
Name	Relationship	Name	Relationship	Name	Relationship		
	on V/N If you I out had	ا بالمديد مع معر طع محاد					
iviy child is a walk	er Y/N if yes i autho	rize them to walk r	nome on their own	Sigr	nature		
Other Siblings in C	OLOL Religious Educa	ation Program Y/N					
Name/Grade			Name/Grade				
,			· , -				
Name/Grade			Name/Grade				
		<u>Parenta</u>	I/Student Agreemen	<u>t</u>			
I give my permissi	ion for Our Lady of L	ourdes Church to p	oost my child's picture	e on the parish webs	site. I/We have reviewed the		
Parent/Student H	andbook which is po	osted on OLOL's Pa	rish website at: www	ololchurchnj.org			
In the event of an	emergency our cho	ice of Hospital is: S	st. Peter's NB RV	WJ Other			
I authorize Our La	dy of Lourdes to trai	nsport my child to t	he hospital in an ever	nt of an emergency.	OLOL will make every		
attempt to contac	ct parent should my	child need emerger	ncy attention.				
Signature/Signatures	S Parent/Guardian		DATE Er	mergency Contact Num	ber/Numbers		