

St. Simon Stock Parish
Religious Education Registration
 178 White Horse Pike, Berlin, NJ 08009

Family Last Name: _____ **Date:** _____
Father's Name: _____ **Home Phone:** _____
Mother's Name: _____ **Mom/Dad Work/Cell:** _____
Mother's Maiden: _____ **Emergency Contact:** _____

Custodial Parent, if different from above: _____ E-mail: _____

Home Address: _____ Both Parents Catholic? Y ___ N ___

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____

Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: Medical, Learning Disabilities, Physical Disabilities: _____

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____

Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: Medical, Learning Disabilities, Physical Disabilities: _____

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____

Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: Medical, Learning Disabilities, Physical Disabilities: _____

Child	Birthdate	Sex	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____

Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: Medical, Learning Disabilities, Physical Disabilities: _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition Due: \$ _____ **Tuition Pd: \$** _____ **Signature:** _____

Emergency Medical Release

To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under PREP authority, when parents or guardians cannot be reached.

In the event reasonable attempts to contact me at _____ (phone number)
or _____ (other parent or guardian)

have been unsuccessful, I hereby give my consent for:

- (1) the administration of any treatment deemed necessary by
Dr. _____ (preferred physician) or
- (2) Dr. _____ (preferred dentist), or in the event the designated
preferred practitioner is not available, by another licensed physician or dentist; and
- (3) transfer of the child to _____ (preferred hospital) or any hospital
reasonably accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: (if none, please indicate "none").

Child Name _____

Child Name _____

Child Name _____

Date: _____

Signature of Parent/Guardian

Refusal to Consent

(Do not complete if you completed top portion)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treat, I wish the PREP authorities to take no action or to:

Date: _____

Signature of Parent/Guardian

I give permission for Photos to be taken & shown during the year:

Parents Signature _____