

PLEASE PRINT

EMERGENCY CONTACT INFORMATION:

Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian cannot be reached):

A. *Name:* _____ *Phone:* _____

Address: _____

Relationship: _____

B. *Name:* _____ *Phone:* _____

Address: _____

Relationship: _____

Does your child have special learning needs? No Yes

Learning Disability – Classification: _____

Other: Please explain: _____

Are there any health conditions of which we should be aware? If so, please explain:

Are there any other special instructions? (Dismissal, transportation, etc.) _____

Are there any custodial issues? No Yes. **If yes, please explain:** _____

Promotional Release:

I consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: _____ **Date:** _____