



**Family Information**

Mother's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
*Last Name / First Name*

Maiden Name: \_\_\_\_\_  DECEASED

Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
*Last Name / First Name*

Religion: \_\_\_\_\_  DECEASED

Legal Guardian, if different than above:

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
*Last Name / First Name*

Maiden Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Town State Zip*

**Health Information**

Does your child have learning needs?

Learning Disability – Classification: \_\_\_\_\_

Other – Please Explain: \_\_\_\_\_

If your child has any medical conditions please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are there any other special instructions? (*i.e. dismissal, transportation, etc.*)

\_\_\_\_\_  
\_\_\_\_\_

Are there any custodial issues? If yes, please explain:  YES  NO

\_\_\_\_\_  
\_\_\_\_\_

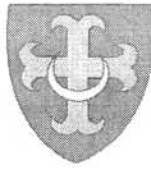
**Promotional Release**

I also 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: \_\_\_\_\_



St. Andrew's Church



# Diocese of Trenton EMERGENCY CONTACT FORM

Please print or type all information below. Thank you.

Student's Name: \_\_\_\_\_  
*Last* *First* *Middle*

Parent/Guardian's Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Street* *Town* *State* *Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Parent Email Address): \_\_\_\_\_

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

A. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_