

Confirmation

FAMILY NAME: _____

ADDRESS: _____ TELEPHONE: _____

CHILDREN BEING REGISTERED FOR 2008-2009 PROGRAM.....

Please note if last names, address, telephone numbers are different from what is listed above. Please note any important medical information such as accidents, operations or handicaps, medicines, your child is taking which will help us better understand your child.

| CHILD'S FULL NAME | GRADE | SCHOOL | DATE/PLACE OF BAPTISM |
|-------------------|-------|--------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

IMPORTANT NOTES: _____

FAMILY INFORMATION

FATHER'S FULL NAME: _____ PHONE NO. _____

FATHER'S OCCUPATION: _____

MOTHER'S FULL NAME: _____ PHONE NO. _____

MOTHER'S OCCUPATION: _____

ADDRESS _____

MOTHER'S MAIDEN NAME: _____

Please note on back any family information you feel is important for us to know. All information is confidential.

Please give the name of a person to be notified in case of Emergency if the Parent cannot be reached. This person should live in this city, have a telephone and be available if necessary.

Emergency Name: _____ Relationship: _____

Address: _____ Phone No. _____