

Our Lady of Lourdes Parish School of Religion

Re-Registration – Emergency Contact Form - **Deadline September 15th 2018.**

**Class times are: Tuesday Night Grades 7 and 8 from 6:30 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 _____ Email _____
Street Town Zip Code

Home Phone _____ Cell Phone _____
Mother Father

Emergency Contact Name & 78Number/s: _____

Public School Attending _____ Grade in Public School 9/17 _____

Special Learning Needs

IEP Reading ___ IEP Writing ___ In Class Support ___ Aid in Classroom ___ Resource Room Instruction ___ ADD/ADHD ___ Autism Spectrum ___
Parents, please note that unless indicated, all children will be expected to behave appropriately and progress on grade level. Please send us a separate sheet to tell us of anything you feel we should know about your child’s needs and how to best work with them in class. This is important to facilitate an enjoyable and meaningful learning experience for your child.

Special Health Needs

Glasses ___ Contacts ___ Hearing Aid ___ Dental Appliances ___ Asthma ___ Diabetes ___ Epilepsy ___ Heart/Lung ___ Anxiety ___

Allergies _____ Carries EPI Pen Y/N Other Health Concerns _____
Parents if your child needs medication for Diabetes, Asthma or an EPI Pen please send it with them every week to class. Please notify your child’s Catechist (teacher) of your child’s needs and where medication is kept. We do not have a Nurse on staff. Should your child need medical attention you will be contacted immediately.

Family Information

All Families seeking to re-register their children for OLOL Parish School of Religion must be registered parishioners of Our Lady of Lourdes

Registered Parishioner Family Name _____ Envelope # _____

If your child does not have the same last name as the family name indicated above enter child’s last name along with additional Parental Contact Information

Childs Last Name _____ Other Parental Name & Contact Information _____
Name/Relationship

Address _____ Phone _____ Email _____

Emergency Contact Information

In the event a parent cannot be reached please call

1st Contact _____
Name Relationship to Child Phone #

2nd Contact _____
Name Relationship to Child Phone #

Name of Authorized People to pick-up your Child and relationship:

Name Relationship Name Relationship Name Relationship

Other Siblings in OLOL Religious Education Program Y/N

Name/Grade _____ Name/Grade _____

Name/Grade _____ Name/Grade _____

Parental/Student Agreement

I give my permission for Our Lady of Lourdes Church to post my child's picture on the parish website. I/We have reviewed the Parent/Student Handbook which is posted on OLOL's Parish website at: www.ololchurchnj.org

In the event of an emergency our choice of Hospital is: St. Peter's NB ____ RWJ ____ Other _____
I authorize Our Lady of Lourdes to transport my child to the hospital in an event of an emergency. OLOL will make every attempt to contact parent should my child need emergency attention.

Signature/Signatures Parent/Guardian

DATE

Emergency Contact Number/Numbers