

Religious Education Family Registration Form

2011-2012

Our Lady of Malibu Catholic Church
3625 Winter Canyon Road
Malibu, CA 90265

Family Last Name:		Date:	
Address:		Home Phone:	
City:		Zip:	
Cell Phone Mother/ Father:		Work Phone:	
Email:		Parent's Religion:	
Father/Guardian First:		Last:	
Mother/Guardian First:		Last:	
Special Family Situations: (i.e. joint custody, legal guardians, etc.)			

STUDENT NAME	BIRTH -DATE	BAPTISM (PARISH ADDRESS AND DATE)	EUCHARIST (PARISH ADDRESS AND DATE)	GRADE PLEASE CIRCLE ONE
				K 1 2 3 4 5 6 7 8 Confirmation 1 or 2
				K 1 2 3 4 5 6 7 8 Confirmation 1 or 2
				K 1 2 3 4 5 6 7 8 Confirmation 1 or 2
				K 1 2 3 4 5 6 7 8 Confirmation 1 or 2

OFFICE USE ONLY:

Please circle appropriate amount	One Child	Two Children	Three Children	Confirmation
	\$40	\$60	\$80	\$60
Amount Paid: (check# or cash)				

MEDICAL INFORMATION:

Please list any medications, allergies, or any type of conditions or illness we should be aware of in order to better serve your child.

NAME OF CHILD	MEDICATION/CONDITION

SPECIAL NEEDS:

Please list any special needs your child may have. If your child has an IEP, please provide us with a copy.

NAME OF CHILD	CONDITION/SPECIAL NEEDS

CONSENT FOR TREATMENT:

I hereby give my permission to have my child(ren) treated with minor first aid and/or paramedics as the need arises. In the event of a major earthquake or disaster, your child(ren) will be held on the church grounds and released only to **you** or **those adults listed as your emergency contacts**. I hereby give consent for those persons listed below to act in my stead and to take my child(ren) home if I am unable to do so. I have notified each of them regarding this permission. **My emergency contacts are listed below.**

(Parent /Guardian Signature)

(Date)

EMERGENCY CONTACTS: Please do not list yourself or your spouse.

Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		