

**CATHOLIC RELIGIOUS EDUCATION PROGRAM
THE PARISHES OF SAINT FRANCIS XAIER AND SAINT JOHN THE
EVANGELIST UNIVERSITY PARISH
STILLWATER, OKLAHOMA
ENROLLMENT CARD**

STUDENT LAST NAME: _____ **FIRST:** _____

BIRTHDATE _____ **PARISH** _____

MOTHER'S NAME _____ **FATHER'S NAME** _____

STREET ADDRESS _____

CITY _____ **ZIP CODE** _____

HOME PHONE _____ **CELL PHONE** _____

WHERE PARENT CAN BE REACHED DURING CLASS _____

HOME E-MAIL _____ **WORK E-MAIL** _____

BAPTISM DATE _____ **PARISH WHERE BAPTISED** _____

WHO CAN PICK UP STUDENT _____

MEDICAL CARE RELEASE AND INFORMATION

THE FOLLOWING INFORMATION IS NECESSARY IF YOUR CHILD SHOULD BECOME ILL OR INJURED WHILE ATTENDING CATHOLIC RELIGIOUS EDUCATION CLASSES AND/OR ACTIVITIES:

I, _____, PARENT OF _____ GIVE MY PERMISSION FOR MY CHILD TO BE ADMINISTERED MEDIAL CARE WHILE ATTENDING CATHOLIC RELIGIOUS EDUCATION CLASSES AND/OR ACTIVITIES IF MY CHILD SHOULD BECOME ILL OR INJURED, AND ANY DELAY IN REACHING ME WILL AFFECT THE HEALTH OF MY CHILD. I ALSO UNDERSTAND THT NEITHER THE CATHOLIC RELIGIOUS EDUCATION PROGRAM, THE UNIVERSITY PARISH OF SAINT JOHN THE EVANGELIST OR THE SAINT FRANCIS XAVIER PARISHES CAN BE RESPONSIBLE FOR THE MEDICAL BILLS INCURRED.

NAME OF PHYSICIAN: _____ **PHONE:** _____

NAME OF DENTIST: _____ **PHONE:** _____

MEDICAL INSURANCE COMPANY: _____ **POLICY NUMBER:** _____

DENTAL INSURANCE COMPANY: _____ **POLICY NUMBER:** _____

PLEASE LIST ANY ALLERGIES YOUR CHID MAY HAVE INCLUDING ALLERGIES TO MEDICATION AND FOOD:

PLEAE LIST ANY ILLNESSES OR DISABILITY YOUR CHILD MAY HAVE THAT A PHYSICIAN MUST KNOW BEFORE ADMINISTERING MEDICAL CARE:

PARENT SIGNATURE: _____

BELOW, PLEASE INITIAL EACH REGISTERED YEAR TO VERIFY THE ABOVE INFORMATION IS STILL CURRENT:

GRADE	PRE-K	K	1	2	3	4	5
INITIAL							
GRADE	6	7	8	9	10	11	12
INITIAL							

BAPTISMAL CERTIFICATE ON FILE: _____

GRADE STUDENT MADE FIRST COMMUNION: _____

GRADE STUDENT WAS CONFIRMED (IF IN OTHER DIOCESE): _____

CONFIRMATION NAME: _____

GODPARENTS' NAMES: _____

CONFIRMATION SPONSOR: _____

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME: