

INFANT JESUS OF PRAGUE CATHOLIC CHURCH

2017-2018 STUDENT GENERAL HEALTH INFORMATION

For: RELIGIOUS EDUCATION CLASS

STUDENT NAME: _____
(LAST) (FIRST)

FAMILY NAME: _____ **ADDRESS:** _____
(STREET NUMBER/CITY/ZIP)

GRADE LEVEL: _____

HOME PHONE: () _____ **PARENT CELL PHONE:** () _____

EMERGENCY CONTACT PERSON: _____ **PHONE:** () _____

PARENT EMAIL: _____

Allergies: _____

Medication: _____

Learning/Speech/Hearing Difficulties: _____

Please use the space below to describe any learning disabilities or special educational needs. This information is important and will be used only by our Staff and Catechists to meet the needs of your child. Please be as detailed as possible. If you wish, you may contact the DRE at 799-4550.
