

# St. Mary's Summer Religion Program

Date: \_\_\_\_\_

Children's Names

Grade Entering

- |    |       |   |       |
|----|-------|---|-------|
| 1. | _____ | / | _____ |
| 2. | _____ | / | _____ |
| 3. | _____ | / | _____ |
| 4. | _____ | / | _____ |
| 5. | _____ | / | _____ |
| 6. | _____ | / | _____ |

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

If parents cannot be reached, give the name of a local friend, relative, or neighbor to contact in case of emergency.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Please inform us on allergies: medicine, food, ECT. (Please write which child by what he/she has allergies too.)

What religion? \_\_\_\_\_

If Catholic who has made their First Communion? \_\_\_\_\_

Please add any other important information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Snacks are served daily. If you are able to donate some cookies or pre-sugared Kool-Aid we would greatly appreciate it. Please bring items in the first week of school. Thank you.