

EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birth Date: _____ Allergies _____

Hospital preference _____ Health Insurance _____

Policy Number _____

Known illness or physical disabilities (e.g. asthma, heart condition): _____

Medications presently taking: _____

Does your child wear corrective eye wear? ___ Yes ___ No

Emergency Contact (If parent cannot be reached):

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Note: I hereby consent to St. John Regional Catholic School to follow the above procedures. In case of emergency due to accident or illness, I give permission for treatment of the above-named

Religion: ___ Catholic ___ Other Is Child Baptized? ___ Yes ___ No

Registered in a Parish belonging to the Diocese of Portland, using tithing envelope: ___ Yes ___ No Tithing Envelope # _____

Person(s) responsible for tuition payments: _____

Signature of person filling out this form: _____

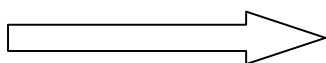
Relationship to child: _____

CATHOLIC PARENTS PLEASE READ: In order for St. John Regional Catholic School to receive your parish subsidy, we will obtain the signature of your pastor which will tell us that you are a registered member of the parish using weekly envelopes. This determines the amount of tuition you pay at St. John Regional Catholic School. **We need this completed registration returned by April 1** to help us budget and plan for the upcoming school year.

Parish you belong to: _____

Parish Priest's Signature (required of all parishes) Date: _____

I (we) hereby make application for the admission of _____ as a student at St. John Regional Catholic School. I (we) accept responsibility as the first educators of our child and agree to accept the rules and regulations of St. John Regional Catholic School. I (we) understand the economic obligation of the school and agree to fulfill our share of the responsibility through the prompt payment of tuition charged and in service to the school community.



Families must pay in full by July 29 or sign up for a FACTS payment plan.

Office use only:

Date: _____

Amount Received: _____

Check #: _____

Cash: _____

Comments