

ADDITIONAL FAMILY INFORMATION (check if applicable):

Single Parent

Parent(s) deceased

Non-parental guardianship*

Custody/Visitation issued* (*Anyone who **may not** visit or transport your child according to a court order.*)

**A COPY OF YOUR COURT DOCUMENT MUST BE RETURNED WITH YOUR REGISTRATION.*

PLEASE COMPLETE THE FOLLOWING QUESTIONS IF YOUR CHILD(REN) HAVE SPECIFIC NEEDS:

This important information helps the Catechist better meet your child's needs.

CHILD'S NAME _____ GRADE _____

Medication/Food Allergy

ADD/ADHD

Medical Condition/Other

Special Services: IEP, Resource Room

Epipen

Basic Skills/In-Class Support

Inhaler

Physical/Emotional problems

Explanation: _____

CHILD'S NAME _____ GRADE _____

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ADD/ADHD

Medical Condition/Other

Special Services: IEP, Resource Room

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Explanation: _____

FOR OFFICE USE ONLY

DATE	CHECK NO.	NAME	AMOUNT PAID	BALANCE