



# St. Laurence Church

565 Standish Street  
Elgin, IL 60123  
(847) 468-6900

## RELIGIOUS EDUCATION STUDENT INFORMATION AND EMERGENCY FORM

\*Must be returned with Registration Form\*

Family Name: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_ Father's Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Student Medical Concerns, if any:

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Student Medical Concerns, if any:

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Student Medical Concerns, if any:

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

Is there anything else we should know that would assist us in providing a positive, educational experience for your son/daughter? \_\_\_\_\_

\_\_\_\_\_

### IN THE EVENT OF AN EMERGENCY:

Emergency Contact #1 Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_