



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: _____

PHOTO RELEASE: For the purposes of promoting St. Laurence Catholic Church, School and PREP program, do you authorize persons acting on behalf of this entity to post pictures of your son/daughter(s) in the church's bulletin, PREP newsletters or on the Church/School's Facebook page. No minors will be identified by name.

YES _____ NO _____ Signature: _____