

**St. Elizabeth Ann Seton Parish**  
Faith Formation/Youth Ministry Registration/Health Form 2008-2009

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_

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

Phone \_\_\_\_\_ Parish/Location \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Baptism Date \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_

Confirmation \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_

Eucharist \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_

Reconciliation \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_ Cell \_\_\_\_\_

Parents are: Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Married \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies or special needs.

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*In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness.*

*In case of emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.*

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Name here those individuals to whom your child may be released. Include your self, spouse, etc: