

# St Nicholas Sunday School Parent/Student Information Form

Parent(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent #1 Email: \_\_\_\_\_ Parent #2 Email: \_\_\_\_\_

Student #1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student #1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student #1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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Does your child have any current health issues that we should be aware of in case of emergency?

Circle One: YES or NO If yes, explain: \_\_\_\_\_



Does your child take any special medications that we should be aware of in case of emergency?

Circle One: YES or NO If yes, explain: \_\_\_\_\_

Alternative or Emergency Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_