



Saint John Vianney Parish

Name _____ Age _____ Grade _____
Address _____ Zip _____
Home phone _____ wk phone _____ cell _____
School _____
Mother's name _____
Home phone _____ wk phone _____ cell _____
Email _____

Father's Name _____
Home phone _____ wk phone _____ cell _____
Email _____

Child living with () Mother () Father () other_
If other, name & relationship _____

Emergency information

Does your child have any special needs/attentions?
Yes _____ No _____ (If yes, please be specific; asthma,
allergies to food or medications)

Emergency contact number (other than parents)
Name _____ Phone _____ cell _____
Address _____
Relationship to child _____
Signature: Child _____
Signature: Parent _____

Please check may parents have: () died () are divorced or
() separated () other loss _____