

PHONE NUMBER: _____

CONTINUED:

CANDIDATE'S NAME (Last): _____ (First): _____

BIRTH DATE: ____/____/____

GRADE ENTERING IN **FALL 2010** _____ AGE: _____ SEX: _____

SCHOOL: _____

ATTENDED RELIGIOUS EDUCATION HERE BEFORE: Y N

For Confirmation: Sacramental information must be filled out completely.

We are updating our records, no information remains on file. Please include all information on Sacraments.

	DATE	PLACE SACRAMENT WAS PERFORMED	Complete Address of Baptismal Parish
BAPTISM	____/____/____	_____	_____
PENANCE	____/____/____	_____	_____
1 ST COMM	____/____/____	_____	_____

Baptismal Certificates are **required** for *all* Confirmation candidates, even those baptized at St. Margaret Mary. **Baptismal certificates are not transferred from Religious Ed, so if you have submitted one in the past, we do not have a copy of that, we will need a new copy.**

===== **MEDICAL INFORMATION** =====

Does child named on form require any special attention regarding areas listed below? (PLEASE 'X' ALL THAT APPLY):

<u>ALLERGIES</u>	<u>SPECIAL LEARNING NEEDS*</u>	<u>ILLNESSES</u>
<input type="checkbox"/> Food (specify) _____	<input type="checkbox"/> Hearing limitations	<input type="checkbox"/> Asthma
<input type="checkbox"/> Medication (specify) _____	<input type="checkbox"/> Vision limitations	<input type="checkbox"/> Seizures
<input type="checkbox"/> Bee stings	<input type="checkbox"/> Reading limitations	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Writing limitations	<input type="checkbox"/> Physical limitations
	<input type="checkbox"/> Speech limitations	
	<input type="checkbox"/> Attention Deficit Disorder	
	<input type="checkbox"/> Other	

*Please explain any checked above: _____

Does your child take any medications on a regular basis? YES _____ NO _____

If yes, please specify: _____

VOLUNTEER OPPORTUNITIES: (Please check any you are interested in or add your talent)

Facilitators of a Small Class _____ Chaperone for Outings _____ Drivers _____ Calling Tree _____ Prayer Network: _____

Mailer: _____ Retreat Facilitator _____ Office Help _____ Special Events Planners _____ Open Gym Chaperone _____

Service Project Planners _____ Public Relations _____ Other _____