



Religious Education Program

St. Laurence Parish

565 Standish Street

Elgin, IL 60123

847-468-6900

STUDENT AND EMERGENCY CONTACT INFORMATION FORM

Family Last Name _____ Date _____
 Primary Email _____
 Alternate Email _____
 Mother's Name _____ Father's Name _____
 Mother's Phone No. _____ Father's Phone No. _____
 Home Address _____

Student Information

Student Name _____ Grade ____ Age ____
 Student Medical Concerns, if any: _____

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 Student Medical Concerns, if any: _____

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 Student Medical Concerns, if any: _____

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 Student Medical Concerns, if any: _____

Student Name _____ Grade ____ Age ____
 Student Medical Concerns, if any: _____

Is there anything else we should know that will help us provide a positive educational experience for your child/children? _____

In Case of Emergency

Emergency Contact # 1 Name _____
 Phone No. _____ Relationship _____

Emergency Contact # 2 Name _____
 Phone No. _____ Relationship _____

Photo Release

Do you authorize persons acting on behalf of St Laurence Catholic Church, School or Religious Education Program to post pictures of your child/children in the Church's bulletin, Church/School's Facebook page or Religious Education newsletter for the purpose of promoting these entities?

No minors will be identified by name.

Yes No Signature of Parent or Guardian _____