

	Child's Birthdate (mm/dd/year) Grade in Fall 2024
the S	as your child previously participated in Yes No	If yes, for how many years?
Moti	lother's Name (first and last) Mother's Phone	Mother's Email
Fath	ather's Name (first and last) Father's Phone	Father's Email
Do w to te	o we have permission Yes No Do we have to email?	e permission Yes No
Addr	ddress	
City	ity Zip Code	
Are y	re you registered parishioners at St. Ladislas? Yes	Νο
lf no, do yo	no, to which parish o you belong?	like information Yes No ng members at ?
or ev	our child may be photographed during class or at Good Shep r events. Do we have permission to use your child's photo in p nd print communications?	oherd activities Yes No Darish digital
Fme		
	mergency Contact (first and last) Phone	Relationship to Child
	mergency Contact (first and last) Phone	Relationship to Child
	mergency Contact (first and last) Phone hild's Medical Needs	Relationship to Child
Child		
Child Allerç	hild's Medical Needs llergies Medicat	ions
Child Allerç	hild's Medical Needs	ions
Child Allerq Addit	hild's Medical Needs Ilergies Medicat dditional Information/Notes for Teacher (e.g. learning disabi	ions
Child Aller Addit Atrit	hild's Medical Needs llergies Medicat dditional Information/Notes for Teacher (e.g. learning disabi trium Level Level I (Ages 3-6) Level II (Ages 6-9) Level II	ions
Child Aller Addit Addit	hild's Medical Needs llergies Medicat dditional Information/Notes for Teacher (e.g. learning disabi trium Level Level I (Ages 3-6) Level II (Ages 6-9) Level II	ions lity, special needs, etc.) evel III (Ages 9-12)
Child Aller Addit Addit	hild's Medical Needs llergies Medicat dditional Information/Notes for Teacher (e.g. learning disabi trium Level Level I (Ages 3-6) Preschool/Kindergarten Grades 1-3 referred Class Time	ions lity, special needs, etc.) evel III (Ages 9-12)
Child Aller Addit Atriu Prefe	hild's Medical Needs llergies Medicat dditional Information/Notes for Teacher (e.g. learning disabi trium Level Level I (Ages 3-6) Preschool/Kindergarten Grades 1-3 referred Class Time	ions lity, special needs, etc.) evel III (Ages 9-12) rades 4-6 Juesday 4-5:30 p.m. Wednesday 4-5:30 p.m.
Child Allers Addit Atriu Prefe	hild's Medical Needs llergies Medicat dditional Information/Notes for Teacher (e.g. learning disabi trium Level Level I (Ages 3-6) Preschool/Kindergarten Grades 1-3 referred Class Time Sunday 10-11 a.m. Monday 4-5:30 p.m. Tu	ions lity, special needs, etc.) evel III (Ages 9-12) rades 4-6 uesday 4-5:30 p.m. Wednesday 4-5:30 p.m.
Child Allers Addit Atriu Prefe	hild's Medical Needs llergies Medicat dditional Information/Notes for Teacher (e.g. learning disabi trium Level Level I (Ages 3-6) Preschool/Kindergarten Grades 1-3 referred Class Time Sunday 10-11 a.m. Monday 4-5:30 p.m. Tu o you wish for your child to receive first Communion in 2025? Yould you or another member of your family like to speak with	ions lity, special needs, etc.) evel III (Ages 9-12) rades 4-6 uesday 4-5:30 p.m. Wednesday 4-5:30 p.m.