

**Medical Information -- Completed by Parent or Guardian -- Please Print**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_  
Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Member's Name \_\_\_\_\_  
Phone # (h) \_\_\_\_\_ (c) \_\_\_\_\_  
Member's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

**ACTIVITY INFORMATION**

**Completed by Church Agency -- Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**A. On-Going Program**

Church Agency: Precious Blood Catholic Church Program or Group: CCD/Religious Education  
Starting Date: Sept. 4, 2019 Ending Date: May 6, 2020 Registration Fee: \$60.00 / Student  
Usual Location: Precious Blood Church Basement/Rectory Usual Day/Time: Wed. 7-8:00 (8:30)pm  
Routine Activities: Religious Education Instruction -- Grades 1-12  
Group Leader: Melissa Moeller Phone # (h) 419.925.5003 (c) 419.953.4241  
Other Information: Other locations may include , areas in and around the PB Church/Rectory, Maria Stein Shrine/Spiritual Center/ Other MCC Cluster Churches.

\_\_\_\_ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parent(s) or guardian(s).)

**Signature of**  
**Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_