

# Holy Name of Jesus Evangelical Catholic Church

1003 Clay St. Watertown, WI 53098 – 920-261-5881 Emergency 262-510-3106  
Class Location Zion Lutheran - N557 Main St. Ashippun, WI

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Grade Year of 2018/2019: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Baptism: y - n Date: \_\_\_\_\_

Penance: y - n Date: \_\_\_\_\_

First Holy Communion: y- n Date: \_\_\_\_\_

**EMERGENCY TELEPHONE CONTACTS – (this must be a number that is answered at all times.**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**SPECIAL MEDICAL CONCERNS?** \_\_\_\_\_

\_\_\_\_\_

Father's Name \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for medical care to be given to my child (ren) in the event of extreme emergency or in the event I cannot be reached. \_\_\_\_\_Yes  
\_\_\_\_\_No

\_\_\_\_\_Yes, I give permission to photograph my child (ren) involved in Sunday school activities. Photographs may be used in publicity for Holy Name of Jesus Evangelical Catholic Church.

2018/2019 Religious Education Fee \$30.00 Per Student Paid \_\_\_\_\_