

Office of Religious Education  
St. John the Evangelist Parish  
728 Big Oak Road  
Morrisville, PA 19067

**TODDLER BIBLE SCHOOL REGISTRATION  
2010-2011**

FAMILY NAME: \_\_\_\_\_

CHILD(REN): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street city zip code

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME (and Maiden): \_\_\_\_\_

EMERGENCY CONTACT AND PHONE #: \_\_\_\_\_  
\_\_\_\_\_

*For your child's benefit, please list any physical or medical problems of which we should be aware. Also add ANY allergies (bee stings, food, etc.).*

\_\_\_\_\_  
\_\_\_\_\_

*In case of emergency in which the Religious Education Office cannot contact me or the emergency contact, I (we) give permission for my child to be transported and treated at the nearest medical facility.*

*Parent/Guardian Signature :* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Indicate time preference below. If there are not enough children for a particular time, the majority preference will dictate. Every effort will be made to hold both times.**

**9:30 AM Sunday** \_\_\_\_\_ **11:30 AM Sunday** \_\_\_\_\_

