



EMERGENCY CONTACT INFORMATION

R.E.P. REGISTRATION 2018-2019

Session Preference (K-6th): Wednesday AM Sunday AM

✝ REP depends on volunteers like you. Indicate how you can help:

- Catechist Substitute Catechist Classroom Aide Office Help
 Hall Monitor Party/Special Events Help

*Regular weekly help requires Diocesan clearances.

Do you have current clearances? Yes No

EMERGENCY & MEDICAL INFORMATION

*Please provide an emergency contact in the event you cannot be reached.

EMERGENCY CONTACT

Name: _____

Phone: _____ Home Mobile Work

Relationship to Student: _____

MEDICAL / SPECIAL NEEDS

*Include all food allergies, medical conditions, learning/physical disabilities or any other special needs we should be aware of.

Student Name: _____

Medical/Special Need: _____

Please return this form to the REP Office or email it to: rep@stjoanhershey.org