

ST. MARY'S CATHOLIC CHURCH
Sunday School Registration 2016-2017

Date Reg. Rec'd _____
Check # _____ Amt _____
Cash Amt _____
Date Pmt. Rec'd _____

DATE _____ Fee: \$30 for first child, \$10 ea. add'l child, \$50 maximum per family Registered member of St. Mary's Other _____

PARENT ONE _____ Religion _____ Cell # _____
 Head of Household Last First

Mailing Address _____ City _____ Zip _____ Home Phone _____

Relationship to child _____ Email _____

PARENT TWO _____ Religion _____ Cell # _____
 Head of Household Last First

Mailing Address (if different from Parent One) _____ City _____ Zip _____ Home Phone _____

Relationship to child _____ Email _____

CHILD(REN) EMERGENCY CONTACT OTHER THAN PARENT

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

AUTHORIZATION for EMERGENCY MEDICAL ATTENTION FOR CHILD(REN)

I authorize the administration of emergency medical treatment for the subject of this release form. I understand that all reasonable safety precautions will be taken at all times by St. Mary's Catholic Church or its agents and will not hold them liable for any accident, injury or disease incurred by the subject of this form. I understand that, in the event medical intervention is needed, every attempt will be made to contact the parent or the person listed on this form immediately.

Print Parent Name _____ Parent Signature _____

Insurance Company _____ Policy Number _____

PICK UP AUTHORIZATION (FOR AGES 4-7 ONLY)

Please list below those who are authorized by you to pick-up your child from class:

- 1. Name _____ Phone _____ Relationship to child _____
 - 2. Name _____ Phone _____ Relationship to child _____
 - 3. Name _____ Phone _____ Relationship to child _____
 - 4. Name _____ Phone _____ Relationship to child _____
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CHILDREN'S REGISTRATION AND MEDICAL INFORMATION

Last Name First Name Middle Name Date of Birth Sex: M/F

Is child's last name different from head of household? No Yes

Check correct box: **Baptized Catholic** **Not Baptized** **Baptized other Faith tradition** _____

Check if received: **Reconciliation (Confession)** **Confirmation** **Eucharist (1st Communion)**

Grade on 9/1/2016 _____

Asthma Allergies/Drug Allergies Routine Medications

Does this child have any medical conditions, physical disabilities or learning differences? Please indicate: _____

Last Name First Name Middle Name Date of Birth Sex: M/F

Is child's last name different from head of household? No Yes

Check correct box: **Baptized Catholic** **Not Baptized** **Baptized other Faith tradition** _____

Check if received: **Reconciliation (Confession)** **Confirmation** **Eucharist (1st Communion)**

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Is child's last name different from head of household? No Yes

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Check if received: **Reconciliation (Confession)** **Confirmation** **Eucharist (1st Communion)**

Grade on 9/1/2016 _____

Asthma Allergies/Drug Allergies Routine Medications

Does this child have any medical conditions, physical disabilities or learning differences? Please indicate: _____
