

RELIGIOUS EDUCATION PROGRAM

SESSIONS BEGIN SEPTEMBER 19 AT 9:45AM
CYR CENTER

COST PER CHILD \$30
(MAXIMUM PER FAMILY \$90)

REGISTRATION DEADLINE SEPT. 10TH

Please fill out a separate form for each child

CHILD'S FULL NAME _____ NICKNAME _____

GRADE LEVEL _____ SCHOOL _____

PARENT(S) NAME _____

ADDRESS _____

PHONE NUMBER _____ CELL PHONE _____

EMAIL _____

EMERGENCY CONTACT PERSON (if different from above)

NAME _____ PHONE _____

In addition to the parent(s) above, to whom, if anyone, do you authorize St Mary Parish to release your child? _____

I give my permission for my son/daughter, in case of emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge to secure proper treatment for my son/daughter at my expense.

Parent Signature

(Please complete other side)

So that appropriate care can be provided:

Has this child been diagnosed with special needs? Y / N

Does this child have serious allergies? Y / N

Is this child currently on any medication? Y / N

Are there any other conditions regarding this child which we should be aware of? Y / N

If you have answered yes to any of the above questions, please explain/specify:

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I am/We are interested in assisting:

___in my child's class ___in the Religious Education Program

Area(s) of interest:

For administrative use only:

Date Received: _____

Amount of Check: _____ Combined payment for several children: Y / N

Check #: _____

Cash: _____