

**STUDENT REGISTRATION FORM 2022-2023**

Child's Name: \_\_\_\_\_

Grade in 2022-2023: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age as of 09/01/2022 \_\_\_\_\_

School Attending: \_\_\_\_\_

Grade in R.E. Program – 2022-2023 (check one)

\_\_\_ PS \_\_\_ K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4

\_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ HS

|   |               |
|---|---------------|
| <b>FOR DIRECTOR'S USE ONLY:</b>         |               |
| <b>Sacrament Preparation this year:</b> |               |
| ___ Reconciliation                      | ___ Eucharist |
| ___ Confirmation                        |               |
| ___ Catechumenate                       |               |

**Sacraments already celebrated:** *(Attach a copy of baptismal certificate, unless your child was baptized at St. Mary's)*

\_\_\_ Baptism: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

\_\_\_ Reconciliation: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

\_\_\_ Eucharist: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

\_\_\_ Confirmation: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

***If your child has a learning disability, any medical conditions or allergies, please let us know:***

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

***Adoption/Custody/Guardianship Agreements (we must have a copy of court documents on file)***

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

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***For Director's Use:***

\_\_\_ Baptismal Certificate \_\_\_ Birth Certificate \_\_\_ Adoption/Guardianship/Custody Documents

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2022-2023 MEDICAL INFORMATION  
AUTHORIZATION FOR MEDICAL TREATMENT**

**MEDICAL/ EMERGENCY INFORMATION**

| Name | Grade | Medical allergies/significant medical history | Last tetanus immunization |
|------|-------|---|---------------------------|
|      |       |   |                           |

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Insurance Number \_\_\_\_\_

Other contact in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**MEDICAL RELEASE**

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Karie Ferrell, the Director of Faith Formation, or other person responsible for the program/ group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

**Dates for which release is intended:** September 1, 2022 through August 31, 2023

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date