

# Religious Education Registration Form- 2017-2018

## St Mary's of the Lake

### Office Use Only

Date: \_\_\_\_\_ Paid \_\_\_\_\_

Ck #: \_\_\_\_\_ Cash \_\_\_\_\_

Balance: \_\_\_\_\_ Med Form \_\_\_\_\_

Please Print Legibly

Student Name \_\_\_\_\_ Returning Student Y/N

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Baptism Year \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

First Eucharist Year \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Text? Y/N

E-Mail Address \_\_\_\_\_

\_\_\_\_ I have read and will comply with St Mary of the Lake CCD Handbook.

Signature \_\_\_\_\_

**\*\*\* ALL STUDENTS MUST HAVE BAPTISMAL RECORD ON FILE OR PRESENT IT AT TIME OF REGISTRATION \*\*\***

Note: If student is in 2<sup>nd</sup> or 8<sup>th</sup> grade, please attach Sacramental Prep Form.

Note: Parents must sign either the Consent or the Refuse to Emergency Medical Care.

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Medical Alert (known allergies or medical needs) \_\_\_\_\_

In Case of Emergency, Notify:

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

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Secondary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

If unsuccessful attempts have been made to contact parents or emergency contacts the treatment deemed necessary by:

Dr. \_\_\_\_\_ at \_\_\_\_\_

(Name of Physician)

(Phone)

Dr. \_\_\_\_\_ at \_\_\_\_\_

(Name of Dentist)

(Phone)

The transfer of child to (Preferred Hospital) \_\_\_\_\_

My health insurance carrier is \_\_\_\_\_ Policy/Group# \_\_\_\_\_

The following include condition(s) and/or medications may be taking and any other facts to which a physician or dentist should be aware of.

Name of Child

Condition

Medication(s)

\_\_\_\_\_

\_\_\_\_\_

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

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Refuse to Consent to Emergency Medical Care I do NOT give my consent for emergency medical treatment of my child. I do, however, wish to be contacted if any such emergency shall occur.

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