

St. Louis & SHM C.C.D./ High School Registration

Name _____
Grade _____ Date of Birth _____
Name of school District _____

Name _____
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Name of School District _____

Name _____
Grade _____ Date of Birth _____
Name of School District _____

Name _____
Grade _____ Date of Birth _____
Name of School District _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Address _____
Street _____
City _____ Zip _____

Phone (home or cell) _____
e-mail address _____

Fee \$25.00 per student, \$40 for 2 students, \$60 per family maximum

Additional Fee

2nd Graders \$25.00 (First Reconciliation & First Eucharist Programs)

8th Graders \$20.00 (Confirmation Program Materials, Retreat)

Please complete the back of this form.

Emergency & Illness Information
Sacred Heart of Mary & St. Louis Religious Education

Part I

If my son(s) daughter(s) become ill or has an accident/ injury while attending CCD listed below is the first person to call and phone number;

First Person to Call _____

Relationship _____

Phone...Home or Cell _____

The phone number above will be called first before any action is taken.

Second Number to Call _____

Relationship _____

Phone...Home or Cell _____

Please list below any unusual health condition for your child or children.

- | | | |
|---------------------|----------------------|---------------------------------|
| 1. Asthma | 2. Bee Sting Allergy | 3. Diabetes (a.)mild (b) severe |
| 4. Epilepsy | 5. Hearing Problems | 6. Heart Condition |
| 7. Sight Impairment | 8. Other | |

Allergies (list) _____

Child _____ Health Condition _____

Child _____ Health Condition _____

Child _____ Health Condition _____

Child _____ Health Condition _____

Family Doctor _____ Phone _____

If emergency treatment is required, and parents or legal guardian cannot be reached immediately, your signature below empowers the Director of Religious Education at St. Louis Parish & Sacred Heart of Mary Parish to exercise their own judgment in calling the physician indicated above, or, if not available to have an emergency vehicle transport the child to a hospital emergency room.

Hospital Preferred _____

Parent or Guardian Signature _____

Part II (refusal to consent) Do not complete Part II if Part I is completed

I do not give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Religious Education authorities to take no action or _____

Signature of Parent/Guardian _____ Date _____

