

# Holy Spirit Parish School Religion 2019-2020 Registration

Student's Full Name: \_\_\_\_\_

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

Grade (2019-2020): \_\_\_\_\_

Please circle completed sacraments:

Baptism    Eucharist    Reconciliation    Confirmation

Please list any allergies/medical conditions – or anything else we should know about your child:

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

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address(es):

\_\_\_\_\_

Emergency Contact (If Parents Cannot Be Reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s):

\_\_\_\_\_

PERMISSION AND AGREEMENT

I, \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_, agree to my child participating in events  
that may take him/her off parish grounds.

I further understand and agree that I assume full responsibility for any loss or damage to property, and bodily injury to others, caused by the above child/children, whether by accident or intent. It is further understood that I assume all responsibility for payment of medical expenses incurred by the above child/children due to illness or injury during the above described activity.

I have read the above form and fully understand the agreement and consent to its terms.

Please sign and return to Jennifer Flath or deliver to the Holy Spirit Parish Office.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE