



**St. Mary's High School Ministry
Registration for The Well
2016/2017
9 – 12 Grade**

Please complete this form and the medical release form on the back of this form to register your youth for "The Well" Catechetical sessions for the coming year and return to the parish office by Friday, September 23rd. Students will not be admitted to class unless we have received this form ahead of time.

The registration fee is \$40 per student. If finances are a concern please talk to Fr. Eric. Please do not delay returning the form because of finances.

Classes will begin Monday, October 10th at 7:30 P.M. with a kickoff Mass for all students and their parents in the church.

Last Name _____ Father _____ Mother _____

Address _____ Zip _____ Phone _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

For Office Use:

Amt. Due _____ Amt. Pd. _____ Ck# _____ Cash _____ Date _____

(See Back) ↻

Medical Emergency Release Form

Child's Name: _____ D.O.B: _____

Child's Name: _____ D.O.B: _____

Child's Name: _____ D.O.B: _____

Child's Name: _____ D.O.B: _____

Medical Insurance Co.: _____ Policy #: _____

Doctor: _____ Tel. #: _____

Hospital Preference: _____

Primary Emergency Contacts: In case of emergency, all attempts will be made to contact one of the persons listed below as soon as possible.

Mother: _____ Tel. #: Home: _____ Work: _____

Father: _____ Tel.#: Home: _____ Work: _____

Name: _____ Relationship: _____ Tel. #: _____

Name _____ Relationship: _____ Tel. #: _____

If the Religious Education Staff is unable to reach any of these people, I give my permission for a member of the staff to sign for emergency treatment.

Additional Medical Information: (Allergies or medication)

Child's Name _____

Any special learning problems or needs that we should be aware of?

Child's Name _____

Parent/Guardian Signature: _____ **Date:** _____