



St. Marys

Middle School Ministry

**St. Mary's Middle School Ministry  
2016-2017 Registration form  
7<sup>th</sup> - 8<sup>th</sup> Grade**

Please complete this form and the medical release form on the back of this form to register your youth for middle school catechetical sessions for the coming year and return to the parish offices by Friday, September 23. 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 10<sup>th</sup>, 2016. 7th grade students are bussed to the Ark during the last class period of the day and will hold class until 3 P.M. 8<sup>th</sup> grade students have class at the Ark beginning at 3:15 until 4 P.M.**

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: \_\_\_\_\_

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: \_\_\_\_\_**