



**MARY Program**  
**St. Mary's Youth Ministry**  
**2016-2017 Registration**

Please complete this form to register your child/children in the **Mary Program** for the coming year and return by Friday, September 23<sup>rd</sup>. Students will not be admitted to class unless we have received this form ahead of time. The Mary Program meets at St. Mary's School from 6:30-7:30 P.M. The first session is Monday, October 10<sup>th</sup>.

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.

Family Name \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

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

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

<b>For Office Use:</b> Amt. Due _____ Amt.Pd. _____ Ck# _____ Cash _____ Date _____
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(See Back)

## Medical Emergency Release Form

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)

\_\_\_\_\_

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

\_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_