



**St. Mary School Ministry  
Registration for The Well  
2017/2018  
9 – 12 Grade**

Please complete this form and the medical release form on the back to register your youth for “The Well” Catechetical sessions for the coming year and return to the parish office by Friday, September 18<sup>th</sup>. 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, September 25<sup>th</sup> 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 Name \_\_\_\_\_

\_\_\_\_\_

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

Child Name \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_