



**St. Mary's Middle School Ministry**  
**2017-2018 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 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>, 2017. 7<sup>th</sup> 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 Name \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

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

**7<sup>th</sup> Grade Parents,**

**This year, we are going to try something new to help students digest the material covered in class. Each week an email will be sent to you, the parents of the child, with a short summary of the material that we have covered that week. Upon receiving the email, please read through it and/or watch the video and follow up with your child(ren) during the week and talk about that week's class.**

**Each student has a workbook that we will be using on and off throughout the class, so it may be beneficial to look through their work book with them and see what they learned or enjoyed most about the topic that day. Hopefully, rehearsing this information will help each student remember what they have covered in class.**

**More and more we are finding that youth who stay engaged and active in their faith are doing so because of their parent's example and involvement in helping them grow in their faith (fathers especially). Without your guidance, many don't see the importance and never find the need to make the faith their own.**

**Please fill in your email below so we can reach you. You can be assured that this email will only be used for communicating information about the class, and nothing else.**

**If you would like to purchase a leader guidebook for the series to help you prepare and discuss, please check the box and pay the additional amount listed below.**

**Parent's Email: \_\_\_\_\_**

**7<sup>th</sup> Grade - I would like a copy of the Leader Guide (\$20)**

**Thank you,**

**Jordan Spitzley**