



**St. Mary High School Ministry
2020/2021 The Well Registration Form
9th – 12th 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 11th.

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.

Unless our district is moved to Phase 3, we are going to continue to meet in person for the Well. If you or your child is uncomfortable with this, please contact me, Jordan. **Classes will begin Monday, September 21 with a kickoff Mass at 7:30 P.M. for all students in the church. All the following classes will start at 7:15 P.M.**

Last Name _____ Father _____ Mother _____

Address _____ Zip _____ Phone _____

Parent Email _____

Student Name _____ Email _____ Grade _____

Student Name _____ Email _____ Grade _____

Student Name _____ Email _____ Grade _____

Student Name _____ Email _____ Grade _____

For Office Use: Amt.Due _____ Amt.Pd. _____ Ck# _____ Cash _____ Date _____

(See Back) ↪

Medical Emergency Release Form

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

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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:** _____