



St. Marys

Middle School Ministry

**St. Mary's Middle School Ministry  
2020-2021 Registration Form  
7<sup>th</sup> - 8<sup>th</sup> Grade**

Please complete this form and the medical release form on the back to register your youth for middle school catechetical sessions for the 2020-21 school year and return to the parish office by Friday, September 11.

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 class. If you or your child is uncomfortable with this, please contact me, Jordan. **Classes will begin Monday, September 21. 7<sup>th</sup>-grade students will be bussed to the Hall from PWHS 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 Hall beginning at 3:15 until 4:15 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: \_\_\_\_\_

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