



## Mary Program 2021-2022 Registration Form

Please complete this form and the medical release form on the back to register your youth for “The Mary Program” catechetical sessions for the 2021-22 school year and return to the parish office by Friday, September 10.

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 on Monday, September 20 at 6:00 P.M. in St. Mary School.**

Parents, please sign-up for **Flocknote** to stay up to date with the Mary Program.

**Text: MARYPARENT To: 84576**

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: \_\_\_\_\_

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: \_\_\_\_\_