



2018-2019 Church School Registration Form

This form will be used at all events and activities. Please make sure your information is accurate and is submitted to the youth office by September 9, 2018.

Name of Parents/Legal Guardians: _____

Address: _____ City and Zip: _____

Email of Father: _____ ← Check to use for Youth Communications

Email of Mother: _____ ← Check to use for Youth Communications

By providing your email, you agree to receive religious materials, information on activities, events, and meetings from St. Mary's Youth Office and/or Church School Program. Please print emails clearly.

Home Phone			
Father's Cell		Father's Work	
Mother's Cell		Mother's Work	

If unavailable, please call:

Name: _____ Relationship: _____ Phone: _____

Child's Name	Date of Birth	Grade in School	Allergies? Special Needs?
			____ NO ____ YES*
			____ NO ____ YES*
			____ NO ____ YES*
			____ NO ____ YES*

*If yes, please explain: _____

NOTES: The church and youth office will NOT provide or administer medications for allergies. Please include special services that children receive in public schools. (e.g. Special Ed., Speech etc.)

Doctor Name: _____ Phone Number: _____

EMERGENCY: In case of emergency, I hereby authorize the personnel of St. Mary's Church to obtain medical treatment for my child(ren).

Parent's Signature: _____ Date: _____

PHOTO PERMISSION: St. Mary's Youth Department may place photos of our child(ren) on St. Mary's Website (www.stmarysoca.org). Names will not be used nor any identification of individuals.

Parent's Signature: _____ Date: _____