"THE CALLING"
REGISTRATION FOR YOUTH MINISTRY – 2019-2020

Please return this student form along with the family registration form.

Please complete 1 registration form for each student
Please review this information and mark with any changes before submitting this form.

(Please Print)

Student's Name: _____ Gender: _____
Last First MI

Phone #: _____

Address: _____
Street City Zip

Cell #: _____

Birth date: _____ Grade: _____ School Attending: _____
(2019-2020 school year)

e-mail address: _____

Date and Location of Baptism (if known): _____

Father's name: _____
First MI Last (if different) Natural or Step Father Religion Deceased Marital Status

Mother's name: _____
First MI Last (if different) Natural or Step Mother Religion Deceased Marital Status

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Special Medical/Educational Needs

Allergies: _____

Medications: _____

Other Health Concerns: _____

Special Educational Needs: _____

MEDICAL AUTHORIZATION

In case of emergency, I understand Sacred Heart's Religious Education will make every effort to contact me. If they cannot reach me, I give my permission to take my child for emergency treatment. I release Sacred Heart Religious Education and Sacred Heart Church, Staff, and Volunteers from all liability of any kind which may arise from such emergency.

_____ _____
Signature of Parent or Guardian Date

Please make copies of this registration form as needed