

"THE CALLING"

REGISTRATION FOR YOUTH MINISTRY – 2020-2021

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

Address: _____ Phone #: _____

Street City Zip

Cell #: _____

Birth date: _____ Grade: _____ School Attending: _____

(2020-2021 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

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