

Family Last Name _____
 Father's Name _____
 Mother's Name _____
 Best Phone to you reach you _____
 Email Address _____
 Address _____
 City _____ Zip _____
Emergency Contact—other than parents or guardians:
 Name _____
 Relationship to child/children _____
 Phone: _____

Children primarily live with:
 Both parents together
 Mom
 Dad
 Split between Mom & Dad
 Grandparents
 Other

Are both parents Catholic?

Mother: yes no

Father: yes no

Are you registered members of the parish?

Yes _____

No _____

CHILD ADULT GRADE LEVEL _____

First Name _____ Last Name _____ Gender _____ Birthdate _____ Age _____
 CHURCH OF: Baptism _____ 1st Penance _____ 1st Eucharist _____ Confirmation _____
 Any special needs (medical, allergies, learning disabilities, etc.): _____

CHILD ADULT GRADE LEVEL _____

First Name _____ Last Name _____ Gender _____ Birthdate _____ Age _____
 CHURCH OF: Baptism _____ 1st Penance _____ 1st Eucharist _____ Confirmation _____
 Any special needs (medical, allergies, learning disabilities, etc.): _____

CHILD ADULT GRADE LEVEL _____

First Name _____ Last Name _____ Gender _____ Birthdate _____ Age _____
 CHURCH OF: Baptism _____ 1st Penance _____ 1st Eucharist _____ Confirmation _____
 Any special needs (medical, allergies, learning disabilities, etc.): _____

CHILD ADULT GRADE LEVEL _____

First Name _____ Last Name _____ Gender _____ Birthdate _____ Age _____
 CHURCH OF: Baptism _____ 1st Penance _____ 1st Eucharist _____ Confirmation _____
 Any special needs (medical, allergies, learning disabilities, etc.): _____

TUITION FEES

1 student = \$75 2 students = \$120 3 or more = \$150

AMOUNT ENCLOSED WITH REGISTRATION: _____

Scholarships available! Just ask!

Don't forget to complete
the BACK page!

Queen of the Miraculous Medal Parish

HEALTH HISTORY AND MEDICAL RELEASE FORM LAST NAME _____

Family Doctor _____ Telephone Number () _____

ALLERGIES: _____

MEDICAL PROBLEMS/EMOTIONAL/PSYCHOLOGICAL SITUATIONS pertinent to your child(ren):

Presently taking any MEDICATIONS? _____

In an EMERGENCY, and if unable to reach parent/guardian, we should contact:

1. Name _____ Telephone Number () _____

2. Name _____ Telephone Number () _____

Please read each of the following statements carefully and SIGN ONLY EITHER A OR B

A) I grant permission for non-prescription medication (i.e., Tylenol, cough syrup, etc.) to my student if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

* SIGNATURE _____ DATE _____

Or B) I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

* SIGNATURE _____ DATE _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

*SIGNATURE _____ DATE _____

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____

PERMISSION TO PUBLISH

Queen of the Miraculous Medal Religious Education Program needs your written permission to publish in any media. BY SIGNING THIS, I allow Queen of the Miraculous Medal Staff to take pictures and/or video of my child to be used only for reports, publicity, and "photo montage" displays in print (such as the bulletin and printed reports), electronic media (such as video montages) or social networking (such as the Parish Face Book page) ONLY as it relates to Faith Formation and the general Parish. NO NAMES or other identifying information will be published without your permission!

Parent(s)/Guardian(s) Signature: _____ Date _____