

2024-25 Religious Education Program at St. Mary Immaculate Parish Registration Form



For children in grades 1 through 7
Confirmation Candidates are encouraged to attend
Please complete this form and return to the parish office
No program/registration fee

(PLEASE PRINT CLEARLY)

Student(s) Information:

Full Legal Name	Date of Birth	Age	Allergies/ Special Needs	Current Grade
1)				
2)				
3)				

Parent's Information:

Parent/Guardian's Name: _____	Phone(Cell) _____
Address: _____	
Email: _____	
Parent/Guardian's Name: _____	Phone(Cell) _____
Address: <input type="checkbox"/> Same as listed above or other: _____	
Email: _____	

Emergency Contact Information:

1) Name: _____	Relationship to child _____
Phone number _____	Alternate number _____
2) Name: _____	Relationship to child _____
Phone number _____	Alternate number _____

Declaration

I, the undersigned, declare that the information on this form is true and accurate. I authorize by my signature below, that if the emergency contacts above cannot be reached, Church personnel are authorized to use their best judgement in an emergency. If the medical treatment considered necessary is in accordance with general accede standards of practice, I impose no specific prohibitions regarding treatment unless stated.

Name (PLEASE PRINT): _____	Date: _____
Signature: _____	_____