

K-6th Grade / 2020-2021

Office Use Only
Parish Registration on file _____
Out of Parish _____
Check # _____
Fee Paid _____
Year of Faith Formation _____
Baptismal Certificate _____
RCIC _____

\$145.00: In-Class Sacramental Prep (Gr 2) _____
 \$75.00: One child Remote learning _____
 \$125.00: Two or more children Remote Learning _____
 \$165.00 One In-class (Conf or FHC) + Remote Learning _____

FAMILY LAST NAME _____

PRIMARY PHONE _____

HOME ADDRESS _____

CITY _____ ZIP _____

FATHER/GUARDIAN _____

RELIGION _____

CELL/MOBILE _____ WORK _____

EMAIL ADDRESS _____

MOTHER/GUARDIAN_____

RELIGION_____

WORK PHONE_____ CELL PHONE_____

EMAIL ADDRESS_____

PARENTS' MARITAL STATUS ("X"): MARRIED____SEPARATED____
DIVORCED____ WIDOWED____ SINGLE____

CHILD RESIDES WITH ("X"): BOTH PARENTS____ MOTHER____
FATHER____ OTHER (name & relationship)_____

(A) Monday - 4:45 - 6pm Grade 2 **(B) Remote Learning- Grade K – 6 (Catechist led)**

Please Use Child's Proper Name and Middle initial. Indicate with a checkmark which Sacraments each child has ***already received***.

[illegible]

EMERGENCY CARE INFORMATION 2020-2021
(one per child as applicable for In-Class and/or Remote Learning)

CHILD'S FIRST NAME _____

LAST NAME _____

Please List 2 Adults to call in an emergency if the Parent(s)/Guardian cannot be reached:

Name of Person _____

Relationship _____

Phone _____

Name of Person _____

Relationship _____

Phone _____

I authorize these persons to pick up my child: (signature of parent/guardian) _____

My child's medical care is provided by: _____

Phone #: _____

Check any current health condition that may require attention during the time your child is with us:

___ Allergies

___ Foods

___ Medication

___ Bee sting/insect

___ Other _____

___ Hemophilia

___ Hearing Impairment/Hearing Aids

___ Heart Problems (be specific):

___ Mental Health Issues (be specific):

___ Physical disability (be specific):

___ Respiratory (be specific)

___ Seizures

___ Vision Problems

___ glasses ___ contacts

___ Other: _____

___ Asthma

___ Diabetes

List all medications and dosages your child receives on a continual basis:

St. Mary of Sorrows Church has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well being of my child.

Parent/Guardian Signature: _____

Date: _____

I **DO** provide permission for photographs of my child for approved Church/RE functions/publications.

Parent/Guardian Signature: _____

Date: _____