



PROGRAM REGISTRATION STUDENT FORM

*Parishioner fees are \$40 for one child, \$75 for two or more children from the same household;
Non-parishioner rate is \$75 per student. ~~ Fees are due with registration.*

For Office Use Only: Paid _____ Date _____ Received by _____

Family is registered at (check one):

Envelope # _____

- St Catherine - Ravenna ,
- St. Francis Xavier - Conklin, &
- St. Joseph - Wright
- Other - _____

Participant Data (One Each Form)

Name				
Address				
City				Zip Code
Telephone	Day:			Evening:
Age	Age:			Birth date:
School Information	Grade:			School:
Language	Speak:			Read:
Sacraments Received	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church of Baptism	Baptism Eucharist Confirmation Reconciliation			

Custodial Parents Data *In case of divorce or legal separation a copy of the court mandated custody agreement is required

Name of Father <input type="checkbox"/> Legal Custody				
Address (if different from above)				
City			State	Postal Code
Telephone	Day:			Evening:
Language	Speak:			Read:
Name of Mother <input type="checkbox"/> Legal Custody				
Address (if different from above)				
City			State	Postal Code
Telephone	Day:			Evening:
Language	Speak:			Read:

Emergency Contact

Name				
Telephone	Home:			Work:
Relation to Participant				
Languages	Speak:			Read:

Family E-mail for Notifications/Reminders/Updates

Parent	
Student (only with parental permission)	



Student Name: _____ Grade: _____

Address: _____ Phone(s): _____

Medical Information

List medical information about participant: - Allergies - Medication (name & dose) - Glasses or contact lenses - Disabilities - Dietary Needs	
--------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Family Physician Data

Name	
Telephone	

Health Insurance Data

Company	
Policy Number	
Group Number	
Contract Number	

Medical Treatment Release

As legal guardian, I hereby authorize first aid/medical treatment for _____ in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the person listed on this form as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Formation Programming. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Cluster Parishes of St. Catherine - Ravenna, St. Francis Xavier - Conklin, St. Joseph - Wright, or its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

Guardian Signature _____ Date _____

Witness Signature _____ Date _____

Photography/Video Tape Release

As legal guardian, I give permission for _____ to participate in St. Catherine – Ravenna, St. Francis Xavier – Conklin, or St. Joseph – Wright Formation Programming. I understand that photography and/or video of participants may be procured during Formation Programming and used in promotional materials and on bulletin boards. I consent to the use of images or likenesses of the aforementioned person, for promotional purposes, by the cluster parishes.

Guardian Signature _____ Date _____

Social Media Release

As legal guardian, I give permission for _____ to share information with St. Catherine – Ravenna, St. Francis Xavier – Conklin, or St. Joseph – Wright Formation Programming leadership via Facebook, Twitter, email, & phone texting. I understand that I will have the same access to this information via a duplicate notice to my phone/email listed elsewhere on this registration form, that this permission can be revoked at any time, and must be renewed annually.

Guardian Signature _____ Date _____