

**St. Mary
Religious Education Registration Form\Family Data Sheet**

Day(s) Requested for Religious E

Family Name Home Phone

To whom and with what title should mail be addressed?

Address
Number Street City/State/Zip

In case of Emergency Contact:

Emergency Phone: Emergency Relationship:

Father's Name Religion: Occupation: Wk. Phone:

Mother's Name Religion: Occupation: Wk. Phone:

Mother's Maiden Name

Child's Name (last if different)	Gender	Birth Date	Grade	School	Baptism Date Church - City	First Eucharist Date	Confirmation Date

Please specify if child(ren) have any special needs such as medical/learning etc. Where did child(ren) participate in Religious Education last year if not at our Parish?

Please check All that apply

- 2 parents at home
- Mother Deceased
- Father Deceased
- Divorced/Separated
- Mom has remarried
- Child(ren) with Mom
- Dad has remarried
- Child(ren) with Dad
- Child(ren) with Adult other than parent

Name and Religion of Step-Parent

Name and address if mail should also go to non-custodial Parent

FOR OFFICE USE ONLY:

Amt. due: _____ Amt. Paid: _____ Balance due: _____
 Check #: _____ M.O. #: _____ Cash: _____

Parent's Signature _____

Date _____

EMERGENCY MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Student's Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Type of activity or school year for which release is intended: _____

PARENTS/LEGAL GUARDIANS

Father _____ Address _____ Phone _____

Mother _____ Address _____ Phone _____

Where parents can be reached when not at home:

Father _____ Address _____ Phone _____

Mother _____ Address _____ Phone _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

List allergies, medication, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name _____ Phone _____

Address _____ Relationship _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date: _____ Signed: _____
(Parent or Guardian)

Attention Parents: This form should be notarized.

Some medical facilities will only provide treatment if the signature is notarized.

NOTARY TO COMPLETE:

Subscribed and sworn to before me

This _____ day of _____

Notary Public

State of: _____

County of: _____

MEDIA WAIVER AND RELEASE FORM FOR MINORS

I, _____, Parent/
Guardian of _____ hereby allow the use of my
audio and/or visual image by the Archdiocese of Detroit and/or St. Mary
Parish, for whatever purpose it sees fit, provided that it does not slander or
that it is not used to make false claims against any person or institution.

My audio and/or visual image may be recorded and reproduced for program
material or for promotional material. It may be displayed or distributed by
means of St. Mary Parish. I also indemnify myself from the use of my audio
and/or visual image taken out of context by the Archdiocese of Detroit and/ or
St. Mary Parish.

SIGNED: _____

DATE: _____

WITNESSED: _____