

2017-2018 Sunday Morning PSR

REGISTRATION & Medical Emergency FORM

Pre-School thru Level 6

Please complete ONE form for each child PLEASE PRINT INFORMATION PLEASE COMPLETE BOTH SIDES

Date of Registration _____

NAME _____ Birthdate _____

ADDRESS _____ CITY, ZIP _____

Home phone _____ cell phone: _____ school _____ /grade _____

Texting available? _____

Parent's e-mail: _____ Do you check your email? _____

Mother's Name (guardian) _____

Mother's maiden name _____

Father's Name (guardian) _____

Does your child live with one or both parents? _____ if one, which? _____

Is the family registered in the parish? ___Yes ___No

Did your child attend a PSR program last year? (either at St. Mary or other Cath Church) _____ where? _____

PLEASE INDICATE WHICH LEVEL YOUR CHILD WILL BE IN THIS YEAR

_____ 4 year old class (Pre-school)

_____ 5 year old class (Kindergarten)

Level 1 (Sac Readiness) _____ 2 (Sac Prep) _____ 3 _____ 4 _____ 5 _____ 6 _____

IS THERE ANYTHING WE SHOULD KNOW ABOUT IN WORKING WITH YOUR CHILD?

(Physical limitations, emotional, medications taken, allergies, learning capabilities, IEP's, school activities, custody arraignments)

SACRAMENT RECEPTION HISTORY (for level 1 & new incoming students)

If your child was NOT Baptized here at St. Mary Vermilion, please provide a copy of Baptismal Certificate

DATE

CHURCH

CITY / STATE

BAPTISM _____

FIRST PENANCE _____

FIRST COMMUNION _____

CONFIRMATION _____

EMERGENCY CONTACT NUMBERS:

Name _____ phone _____

Name _____ phone _____

REGISTRATION FEES: \$40 per child in LEVELS 1-6 PRE-SCHOOL/ KINDERGARTEN: \$25.00

\$25 Sacrament Prep Fee added for level 2 not included in family cap

Please Note: a family cap of \$125 applies only to Sunday morning PSR fees

Amount Paid _____ Cash _____ Check # _____ (checks payable to St. Mary)

EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: to enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under St. Mary's authority, when parent/guardian cannot be reached.

Student Name: _____ Date: _____

RESIDENTIAL PARENT/GUARDIAN:

Mother: _____ Phone # _____ Alternate# _____

Father: _____ Phone# _____ Alternate# _____

Other's Name: _____ Phone # _____ Alternate# _____

PART I: TO GRANT CONSENT

I hereby give consent to the following medical care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Ph: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1)the administration of any treatment deemed necessary by above named doctors , or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. **Facts concerning the child's medical history, including allergies, medications being taken and any other physical impairments to which a physician should be alerted:**

Date: _____ Signature of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish St. Mary authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

PHOTO / VIDEO RELEASE FORM - PLEASE CHECK ONE

 I hereby GRANT PERMISSION for my child to be photographed and/or videotaped during PSR activities & events hosted by St. Mary Parish of Vermilion, OH. I understand that those images and/or video footage may be published and/or broadcast for the purpose of promoting the youth programs of St. Mary Parish of Vermilion, OH.

 I hereby DECLINE PERMISSION for my child to be photographed or videotaped.

Signature of Parent/Guardian: _____ Date: _____