

## St. Mary High School Ministry 2023-2024 The Well Registration Form 9<sup>th</sup> – 12<sup>th</sup> Grade

Please complete this form and the medical release form on the back to register your son or daughter for The Well religious education classes for the upcoming year, and return to the parish office by Friday, September 15.

The registration fee is \$40 per student.

The Well will begin on Monday, September 18, with a kickoff Mass at 7:00 P.M. in the church for all students. All the following classes will begin at 7:15 P.M in the hall.

Last Name		Father	Mot	ther	
Address		Zi	pI	Phone	
Parent Email					
Student Name		Email/Phone #		/	Grade
Student Name		Email/Phone #		/	Grade
Student Name		Email/Phone #		/	Grade
Student Name		Email/Phone #		/	Grade
For Office Use:					
Amt. Due	Amt. Pd	Ck#	Cash	Date	

## **Medical Emergency Release Form**

Child's Name:	D.0	).B:	
Child's Name:	D.0	).B:	
Child's Name:	D.0	).B:	
Child's Name:	D.0	).B:	
Medical Insurance Co.:		Policy #:	
Doctor:	T	el.#:	
Hospital Preference:			
one of the people listed below	y as soon as possible.	all attempts will be made to c	contact
		Work:	
		Tel. #:	
Name	Relationship:	Tel. #:	
If the Religious Education St for a member of the staff to s Additional Medical Informat	sign for emergency treatm		nission
Child Name	ion, (rinergies or medica		
Ciniu Name			
Any special learning problen Child Name	ns or needs that we should	l be aware of?	
Parent/Guardian Signature:		Date:	