SAINT MARGARET PARISH PreK, KINDEGARTEN - 8TH GRADE RELIGIOUS EDUCATION

Registration Form (PLEASE PRINT CLEARLY)

In which parish is the fam	nily registered		□ St . Marg	aret	□ Other:		
Family (last) Name:							
Address:							
Phone:							
Email:							
Child(ren) reside with:	□ Both Paren	ts	□ Mother		□ Father	□ Other:	
	Fat	her		Mother			
Parent Name:							
Occupation:							
Employer:							
Work Phone:							
Religion:							
Church Attendance:	□ Frequent	□ Occasional		□ Frequent		□ Occasiona	al
	□ Seldom			□ Seldom			
Parents Sacraments	□ Baptism	□ Reconciliat	ion	□ Baptism		□ Reconciliation	
received:	□ Eucharist	□ Confirmation	n	□ Eucharist		□ Confirmation	
Please check if either par							
□ receiving	g sacraments he/s	she has misse	d				
□ retreat e	xperiences						
□ becomin	g Catholic						
				Please check	k sacraments re	eceived belov	V
Child's Name	Date of Birth	Grade	School	Baptism	Reconciliation	Eucharist	Confirmation
,							
Please identify any specia	al circumstances	(medical cond	litions, impair	ment, allergy, e	etc) of which t	he catechist	(s)
should be made aware. L	ist child by name	and explain:					
Parent Signature						Date:	

Participation: I hereby consent to participation of my child/children (named above) in the religious education program at St. Margaret Parish, Otsego, MI for this academic year. I understand this program will take place on the parish grounds and that my child/children will be under the supervision of the authorized parish personnel.

with a family cap of \$125 Check #	Fee: \$50		Ī			Ī	
Parent Emergency Authorization Childs name Allergies Specific Medical Problems In case of emergency, notify (include two names with phone numbers) Name Relationship Phone Name Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	· ·						
Parent Emergency Authorization Childs name Allergies Specific Medical Problems In case of emergency, notify (include two names with phone numbers) Name Relationship Phone Name Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
Parent Emergency Authorization Childs name Allergies Specific Medical Problems In case of emergency, notify (include two names with phone numbers) Name Relationship Phone Name Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.				Check #			
Allergies Specific Medical Problems In case of emergency, notify (include two names with phone numbers) Name Relationship Phone Name Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.				on contin		I	
Allergies Specific Medical Problems In case of emergency, notify (include two names with phone numbers) Name Relationship Phone Name Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
Allergies Specific Medical Problems In case of emergency, notify (include two names with phone numbers) Name Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	D4 F	A41	!4!				
In case of emergency, notify (include two names with phone numbers) Name Relationship Phone Name Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.		gency Autnor					
Name Relationship Phone Name Relationship Phone Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	Childs name		Allergies		Specific Me	edical Problems	
Name Relationship Phone Name Relationship Phone Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
Name Relationship Phone Name Relationship Phone Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
Name Relationship Phone Name Relationship Phone Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
Name Relationship Phone Name Relationship Phone Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
Name Relationship Phone Name Relationship Phone Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
Name Relationship Phone Name Relationship Phone Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
Name Relationship Phone Name Relationship Phone Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
Name Relationship Phone Name Relationship Phone Relationship Phone In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	In case of e	mergency	notify (inclu	ide two nam	es with nho	one numbers)	
In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.		I	mothy (mere			•	Phone
In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	-					<u> </u>	
hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	Ivallie	ļ		Ļ	Neiationsiii	ıh	FIIOTIE
hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.			_	•	•	t my child to the near	est
Parent Name (Print) Parent Signature Date: Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	hospital fo	r emergency	y medical or	surgical trea	atment.		
Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	I will be co	ntacted as s	oon as poss	ible and will	be advised	d prior	
Photo Release: I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	to any furt	her treatme	nt by the ho	ospital or do	ctor.		
I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	Parent Name (Print)				Parent Sign	nature	Date:
I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.							
I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	•						
I hereby consent that any representation, written or film images of myself, my child/ren, (named on reverse side) or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	Photo Rela	250.					
my child/ren, (named on reverse side)or any reproduction of same taken under the directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.			any rantaca	ntation writ	ton or film	images of myself	
directions of St. Margaret Parish for the purpose of illustration, education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	-						
education, promotion or training, without compensation to me. I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.	•				•		rtne
I understand that the fore mentioned are made at the discretion of the Director. I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.		•				•	
I will make no claim against ST. Margaret Parish, the Diocese of Kalamazoo, or the agents of either, relating to the release of these items.		•			•		
or the agents of either, relating to the release of these items.	I understar	nd that the f	ore mentio	ned are mad	e at the dis	scretion of the Directo	or.
	I will make	no claim ag	ainst ST. Ma	argaret Paris	h, the Dioc	ese of Kalamazoo,	
Parent Signature: Date:	or the age	nts of eithe	r, relating to	the release	of these it	ems.	
Parent Signature: Date:			_				
	Parent Sign	nature:					Date: