

**Catholic Community of Owosso St. Paul Parish
Religious Education Registration Form 2023-24**

Student's full name: _____ M ____ F ____

Grade: _____ Date of birth: _____ Baptized: Y ____ N ____ Where baptized? _____

Mothers full name: _____ Maiden: _____

Cell: _____ Email: _____

Father's full name: _____

Cell: _____ Email: _____

Emergency contact name: _____

Cell: _____ Email: _____

Emergency contact name: _____

Cell: _____ Email: _____

Note: If your child is celebrating a Sacrament this year and received Baptism or First Communion at a church other than St. Paul or St. Joseph please provide St. Paul religious education with a copy of the Sacramental certificate.

Please list any known Allergies, medical/emotional conditions: _____

Initial ONE of the lines and sign

_____ In case of an emergency situation requiring professional care, I request treatment for my child until such time as I may be contacted.

Insurance Co. _____ Policy# _____ Group# _____

_____ I request no medical treatment be given to my child and waive all claims for failure to provide these medical services.

Signature: _____ *Date:* _____

I hereby grant ____ deny ____ permission for my child's name and image to be included in media, social media, Parish website, or bulletin.

Signature: _____ *Date:* _____

I hereby give my consent for my child listed on this form to participate in St Paul Parish Religious Education and related activities.

Signature: _____ *Date:* _____

Tuition Information: Make checks payable to St Paul Parish

\$80 one student ____ \$160 two students ____ \$240 three or more ____

For office use only: Date received _____ Amount _____ Ck# _____ Cash _____