

St. Joseph Catholic Church CCD Student Registration 2016-2017

Student Name _____ Student Grade Level _____

Parent/Guardian _____

Address _____

City, State _____ Zip _____

Regularly checked email address _____

Phone Number _____

Father Cell Number _____

Mother Cell Number _____

Preferred way of contact for reminders, date changes, and snow days: (Circle one)

Text Email Call Other

Please Specify

Please sign up to help with at least one thing throughout the school year:

_____ CCD Advent Party

_____ May Crowning

_____ Middle School Youth Group Volunteer

_____ High School Youth Group Volunteer

_____ Substitute Teaching

_____ Other

Medical Information

Student's Full Name _____ Birthdate _____

Parent/ Guardian Name _____

Emergency contact in case parent/guardian cannot be reached

Phone number _____ Relationship _____

Hospital Preference _____ Phone number _____

***Please understand that depending upon the seriousness of the situation, your child may be transported to the nearest hospital**

Student's Physician _____ Phone number _____

Insurance carrier _____

Policy Number _____ Identification Number _____

Policy Holder _____

Student's allergies _____

Student's Medical Conditions _____

To treat these conditions _____

Student's medications _____

I authorize emergency treatment to be administered to _____.

I understand that every attempt will be made to reach me, but if the severity of the injury indicates the necessity, the emergency response system may be called.

Signed _____ Date _____

Photo Release

I hereby GRANT DO NOT GRANT (please circle one) permission for St. Joseph's Catholic Church to use pictures of my child _____ (name of child) in online communications including the parish website or parish social-networking sites, for informational or promotional purposes.

Parent/ Guardian signature _____ Date _____