



Most Pure Heart of Mary  
Catholic Church

For Office Use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Registration**  
Religious Education Program

Family's Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
NO ABBREVIATIONS      First                      Middle                      Last

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
NO ABBREVIATIONS      First                      Middle                      Last                      Maiden

Stepfather: \_\_\_\_\_ Religion: \_\_\_\_\_  
First                      Middle                      Last

Stepmother: \_\_\_\_\_ Religion: \_\_\_\_\_  
First                      Middle                      Last

Guardian: \_\_\_\_\_ Religion: \_\_\_\_\_  
First                      Middle                      Last

Child Resides With: \_\_\_\_\_

Mail Should Be Addressed To: \_\_\_\_\_  
(For example: Mr. & Mrs. John Doe, Ms. Jane Doe, etc.)

**Please check one:**

**Note:** All families must be registered in the parish to enroll in the religious education program.

\_\_\_\_\_ Our family is registered with MPH M Parish.

\_\_\_\_\_ Our family is NOT registered with MPH M Parish. We will make an appointment to register prior to the start of classes.

**Sacramental Years 2nd and 8th Grade - Please include a copy of each child's baptism certificate.**

**Fee Payment:            1 student = \$40    2 students = \$80    3 or more = \$100**

- 1.) Payment is required at the time of registration.
- 2.) If enrolling after January 1, 2018, fees are reduced by one-half.
- 3.) Checks are payable to **Most Pure Heart of Mary**.

**Preschoolers need to be 3 years old by August 31, 2017.**

May we use your child's picture for publicity?       Yes     No

Child's Full Name			D/O/B	Grade	Sex M/F	Baptism Yes/No	First Penance Yes/No	First Communion Yes/No
First	Middle	Last						

Do any of the children who are enrolling have any disabilities or difficulties in learning?    Yes    No  
If yes, please give the name of the child and how we may help: \_\_\_\_\_

## Medical Information & Release Form

Child's Name: _____
Doctor's Name: _____ Phone: _____
Please list any special medical information for your child (for example, any medications or special needs or education required). _____
List any allergies: _____

Child's Name: _____
Doctor's Name: _____ Phone: _____
Please list any special medical information for your child (for example, any medications or special needs or education required). _____
List any allergies: _____

Child's Name: _____
Doctor's Name: _____ Phone: _____
Please list any special medical information for your child (for example, any medications or special needs or education required). _____
List any allergies: _____

Child's Name: _____
Doctor's Name: _____ Phone: _____
Please list any special medical information for your child (for example, any medications or special needs or education required). _____
List any allergies: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending the MPH M Religious Education Program and related activities. Any violation of these rules and regulations may result in that individual being sent home.

Signature of Parent/Guardian

Date

Address

Phone

Insurance Carrier

Policy Number

Hospital Preference