



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, 2019, 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, 2018.

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: _____

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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