



# St. Monica-St. George PSR Registration Form 2018-2019

Is your family registered at St. Monica-St. George?      \_\_\_ Yes \_\_\_ No

### Father's

First and Last Name: \_\_\_\_\_ Father's cell #: \_\_\_\_\_

Father's email: \_\_\_\_\_

### Mother's

First and Last Name: \_\_\_\_\_ Mother's cell #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Child/ren reside with  Mother  
*Check one*  Father  
 Both parents  
 50/50 Custody

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Child 1:**      **Age:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_      **Grade:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Baptism? Yes No    First Reconciliation? Yes No    First Communion? Yes No    Confirmation? Yes No

**Child 2:**      **Age:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_      **Grade:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Baptism? Yes No    First Reconciliation? Yes No    First Communion? Yes No    Confirmation? Yes No

**Child 3:**      **Age:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_      **Grade:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Baptism? Yes No    First Reconciliation? Yes No    First Communion? Yes No    Confirmation? Yes No

**Child 4:**      **Age:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_      **Grade:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Baptism? Yes No    First Reconciliation? Yes No    First Communion? Yes No    Confirmation? Yes No

Contact me to volunteer as a...  
\_\_\_ Substitute (fills in for catechist)  
\_\_\_ Aide (directly assists catechist/s)  
\_\_\_ Room Parent (special activities)

### 2018-2019 CFF Fees

\$30 per child (3 or more: \$80). **Additional** sacramental prep fee \$30 for those preparing for the sacraments of First Communion or Confirmation.

CFF Fee      Sac prep fee  
Amt Pd \_\_\_\_\_      Ck #/\$ \_\_\_\_\_      Date \_\_\_\_\_

*Office use only*

**Medical Release**

I, the undersigned parent/legal guardian of the aforementioned child/ren listed on this form, understand that St. Monica-St. George Parish School of Religion will make every effort to contact me or other designated adult in the case of an emergency. If they cannot reach me or other designated adult, I give permission that emergency medical treatment may be sought. I release St. Monica-St. George Parish, all staff and volunteers from any and all liability which may arise from such an emergency.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**Medical Information**

**Child 1's first name** \_\_\_\_\_

medications/diagnosed medical conditions/food allergies, etc. \_\_\_\_\_

any other helpful information \_\_\_\_\_

**Child 2's first name** \_\_\_\_\_

medications/diagnosed medical conditions/food allergies, etc. \_\_\_\_\_

any other helpful information \_\_\_\_\_

**Child 3's first name** \_\_\_\_\_

medications/diagnosed medical conditions/food allergies, etc. \_\_\_\_\_

any other helpful information \_\_\_\_\_

**Child 4's first name** \_\_\_\_\_

medications/diagnosed medical conditions/food allergies, etc. \_\_\_\_\_

any other helpful information \_\_\_\_\_

**Media Release**

St. Monica-St. George Parish seeks your permission to take and use photos of your child/ren in the following ways from **July 1, 2018-June 30, 2019**:

\_\_\_ I do not grant permission.

\_\_\_ ALL

*Or only those checked below*

\_\_\_ Website only    \_\_\_ Bulletin only    \_\_\_ Brochures only    \_\_\_ Display in church only    \_\_\_ Classroom only

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date