



Holy Savior Catholic Church Parish School of Religious Education Registration 2023-2024

No Registration Fees

Contact Info

Please Print

Mother _____

Cell _____

Email _____

Father _____

Cell _____

Email _____

Single Married Divorced

Address _____

City _____ Zip _____

MEDICAL RELEASE

In the event that the undersigned cannot be reached and in the judgment of the Director of Religious Education or other person responsible for the program/group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child, I (we) hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

***** Signature Parent/Guardian _____ Date _____

PHOTO PERMISSION

I give permission for my child's picture to be used for classroom use, Catholic newspaper, Holy Savior Facebook. (please circle) Yes No

SEE OTHER SIDE

Student Info

Please Print

Name _____

Date of Birth _____ Age _____

Name of School _____ Grade _____

Sacraments Received Baptism Penance/Communion Confirmation

Allergies _____

Name _____

Date of Birth _____ Age _____

Name of School _____ Grade _____

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