



# SHC Religious Education Registration

*Please place this form in the collection basket, or return to your CCD Director.*

Academic Year: \_\_\_\_\_

Parish: (Circle) St. Mary's St. Thomas of Canterbury All Saints

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Sacraments Needed: \_\_\_\_\_

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Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Sacraments Needed: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list known allergies, medical conditions, and/or medications:

\_\_\_\_ YES/NO, in the event it comes to the attention of the Diocesan/parish staff or volunteer that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to Participant.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_