## 414-453-5192

## www.mphwa.org





20232024

Emergency Contact (other than parent)				Home/							
Name, Phone #, Relationship				Main Phone							
Main Residence											
Street Address:				City, Zip							
Parent/Guardian											
Name:					Relationship to Child(ren)						
						* FLOCKNOTE					
Occupation:	Ce	Cell:				Preferred					
						* FLOCKNOTE					
Religion:	En	nail:				Preferred					
Parent/Guardian											
Name:					Relationship	to Child(ren)					
						* FLOCKNOTE					
Occupation:			Cell:			Preferred					
						* FLOCKNOTE	П				
Religion:			Email:			Preferred					
Please be aware of your financial responsibility	<b>/</b> .										
K3-12th Grade \$50.00			For K3-Grade 1, a parent or guardian will be working with and responsible for their child(ren) the entire class.								
If there are any CUSTODY issues we ne	ed to he mad	le av	vare of or any r	nersor	who is NOT allo	wed to communicate w	ith or				
transport your child, please provide a cop											

I hereby consent that one or more photographs, videos, slides, audio may be taken of the individuals whose names are included on this registration form. I authorize Mother of Perpetual Help to use these recordings in any way it deems appropriate. I understand and agree that the use of these recordings is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the use of

assume both parents have the same right.

these recordings.

Parent/Guardian Signature \_\_\_\_\_\_

Date \_\_\_\_\_

Child's First Name:	_	Child	's Last I	Name:							
Gender: Male ( ) Female ( )		Birth Date:									
Grade for 2023-2024: K-3 K-4 K-5 1	2	3	4	5	6	7	8	9	10	11	12+
School and District:											
Church of Baptism:											
Church of First Communion:											
This child needs Extra Sacrament Classes: Yes	( ) No	o()									
1st Reconciliation and First Eucharist if 2nd grad	der and	d Older									
Confirmation if 11th grade and Older											
Special Needs/Allergies:											
Hobbies/Skills/Job Activities:											
Child's First Name:  Gender: Male ( ) Female ( )	Child's Last Name:  Birth Date:										
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Special Needs/Allergies:											
Hobbies/Skills/Job Activities:											

First Eucharist and Confirmation Students MUST provide a copy of their Baptismal Certificates. We NO LONGER have records for IHM, MQH or St. Al's. You will need to request a copy from the Archdiocese.