

St Anthony » St Ann » Sacred Heart
900 St Anthony Street, Cumberland, WI 54829
Phone 822- 2948 Fax 822-3588

Faith Formation Registration Form
Ages: Kindergarten through 11th Grade

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Student's Mailing Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Family Email Address: _____

Family is registered at following parish: St Anthony St Ann Sacred Heart

Please list persons allowed to pickup your children from class:

Students that will be attending class are:

Name (First and Last)	Grade	Date of Birth	Food Allergy	Sacraments Received (Circle 'Y' or 'N')			
				Bapt	Euc	Recon	Conf
			Y N	Y N	Y N	Y N	Y N
			Y N	Y N	Y N	Y N	Y N
			Y N	Y N	Y N	Y N	Y N
			Y N	Y N	Y N	Y N	Y N
			Y N	Y N	Y N	Y N	Y N

Number of attendees _____ x \$15.00 = _____ Household Fee
 (Maximum of \$45.00 per family)
 Catechists receive free registration for children
PLEASE MAKE CHECKS PAYABLE TO YOUR HOME PARISH
ST ANTHONY, ST ANN, or SACRED HEART
 Fee includes all program materials for the year!
 If you cannot afford the program fee please call Mary DeNoyer, 715-822-2948

PLEASE COMPLETE BOTH SIDES OF FORM

EMERGENCY MEDICAL TREATMENT FORM

Student _____

Please supply the information requested below:

Family physician or clinic name & phone number: _____

Current medications, dosage & frequency: _____

Recent surgeries or serious illness: _____

Date of most recent Physical examination: _____

Date of most recent tetanus immunization: _____

Family dentist name & phone number: _____

Student _____

Please supply the information requested below:

Family physician or clinic & phone number: _____

Current medications, dosage & frequency: _____

Recent surgeries or serious illness: _____

Date of most recent Physical examination: _____

Date of most recent tetanus immunization: _____

Family dentist name & phone number: _____

Student _____

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Student _____

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Family physician or clinic & phone number: _____

Current medications, dosage & frequency: _____

Recent surgeries or serious illness: _____

Date of most recent Physical examination: _____

Date of most recent tetanus immunization: _____

Family dentist name & phone number: _____

In the event of an emergency, I give permission to transport my child/children/ward/wards to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/guardian signature: _____ Date: _____

Address: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Name: _____ Relationship: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Registration is due to the Parish Office by: Sunday – September 16, 2018 – THANK YOU!