

# St. Mary of the Assumption Roman Catholic Church

## Student Enrollment Form

All information is confidential. Please print.

If you are enrolling more than one student, **fill out the next four lines & medical forms for each child.** You do not need to duplicate the PARENT/GUARDIAN INFORMATION on this page — or the CONSENTS & PERMISSIONS for each child in your family. Simply submit the forms for all your children at the same time. Parish registration of family must be completed before enrollment in Religious Education at St. Mary.

Student's Name \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

The parish at which your child was baptized: \_\_\_\_\_

City and State of baptismal parish: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Spouse's name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Street Address \_\_\_\_\_ C/S/Z \_\_\_\_\_

Home phone \_\_\_\_\_

Mom's cell phone \_\_\_\_\_ Mom's email \_\_\_\_\_

Dad's cell phone \_\_\_\_\_ Dad's email \_\_\_\_\_

Guardian's cell phone \_\_\_\_\_ Guardian's email \_\_\_\_\_

### RELIGIOUS EDUCATION/YOUTH GROUP FEES

Registration fees are non-refundable. No student will be turned away for lack of funds. If you need financial help, please contact the parish office. Checks are payable to St. Mary Parish. Cost for Youth Group events are separate.

- ⤴ **First Reconciliation & Communion Prep: \$30 per student**(applies to each student in addition to classes)
- ⤴ **Grades 1<sup>st</sup> - 6<sup>th</sup>: \$60 per first student; \$20 per additional student**
- ⤴ **Youth Group** (includes Grades 7<sup>th</sup> -12<sup>th</sup> including Confirmation preparation for applicable students): **\$40 per first student; \$20 per additional student**

### PAYMENT

Circle one:    Fee received                      Will pay ASAP                      Need financial assistance

Number of students in your family you are enrolling: \_\_\_\_\_

Total amount: \_\_\_\_\_                      cash                      check

Date: \_\_\_\_\_

Payment received by (parish official): \_\_\_\_\_

## PHOTOGRAPHY/INTERNET CONSENT

*(Please complete for students of all ages)*

I grant permission for my child(ren) to be photographed and/or video recorded during authorized St. Mary Parish activities, events and when receiving the Sacraments of Initiation. If at any time my child(ren) decline, this will be honored. I also grant permission for my child(ren)'s photos and name(s) to be published on the St. Mary Parish webpage, in parish bulletins, displays and newsletters. Furthermore, I understand that the Diocese of Lansing and St. Mary Parish are unable to prevent unauthorized copying, altering and republishing. I hereby grant to St. Mary Parish and the Diocese of Lansing a waiver from all liability in such unauthorized activity. **If I DO NOT grant permission and waive liability**, my child will be asked to separate from the group during photography or videography.

Circle one: I grant permission & waive liability. I DO NOT grant permission & waive liability.

## CONFIRMATION & HIGH SCHOOL/YOUTH GROUP PERMISSIONS

*Please complete if your student is in the Youth Group.*

I hereby consent to participation by my son/daughter in the St. Mary Parish activities. I understand that activities will take place both on and off parish property and my son/daughter will be supervised by authorized adults at all times. Activities taking place off parish property will require my specific permission on a separate permission slip for each activity and may include travel by vehicle. If I am unavailable and there is an emergency, you have my permission to contact the alternates listed on page 3.

Circle one: I grant permission. I DO NOT grant permission. Does not apply.

Can we contact your son(s) and/or daughter(s) in Youth Group via email? All emails will be copied to parents in full compliance with the Diocese of Lansing email policy.

Circle one: I grant permission. I DO NOT grant permission.

## PARENTAL COMMITMENT

As a Catholic parent, at my child's baptism I promised to teach him/her the Faith. I understand that the catechists and adult supervisors at St. Mary Parish will be my partners in fulfilling this responsibility. I promise to attend Mass weekly on Sundays and Holy days of obligation with my child(ren); I promise to help our catechists teach the Catholic Faith by using the materials sent home from class to review and reinforce the lessons; and I promise to help them memorize prayers.

*I affirm my personal commitment as a Catholic parent – and consent to all of the above.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Circle one: We are registered at St. Mary Parish. We will register as soon as possible.

## ST. MARY PARISH COMMITMENT

We promise to teach authentic Roman Catholic doctrine, Holy Scripture and Sacred Tradition. The activities and classroom sessions will encourage our children to keep a close personal relationship with Our Lord Jesus Christ and enjoy Christian fellowship in a relaxed, informal atmosphere.

If you have questions or want to volunteer to help please contact:

Melissa Yekulis Grades 1-6, Sacramental Preparation [myekulis.dre@gmail.com](mailto:myekulis.dre@gmail.com) 734-428-7211  
Monica Kominars Youth Group [mmkominars@gmail.com](mailto:mmkominars@gmail.com) 734-428-8785  
Parish Office open 9am-3pm M, T, Th-F; 9am-noon Wed. [stmarymanchester@gmail.com](mailto:stmarymanchester@gmail.com) 734-428-8811

## STUDENT HEALTH HISTORY

(Please fill out one form for each child.)

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**IMMUNIZATIONS** Record the YEAR of last immunization. *(Information requested per Diocesan policy)*

Tetanus/Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Chicken Pox \_\_\_\_\_ Rubella \_\_\_\_\_ Polio \_\_\_\_\_  
TB \_\_\_\_\_ (results) \_\_\_\_\_ Hepatitis B \_\_\_\_\_ other \_\_\_\_\_

**SPECIAL INFORMATION** Please check all that apply. Information will be held in strict confidence.

Sleep Walking \_\_\_\_\_ Fainting \_\_\_\_\_ Dizziness \_\_\_\_\_  
Blackouts \_\_\_\_\_ Asthma \_\_\_\_\_ Kidney Problems \_\_\_\_\_  
Frequent Nosebleeds \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Seizures \_\_\_\_\_  
Severe Headaches \_\_\_\_\_ Diabetes \_\_\_\_\_ Severe Homesickness \_\_\_\_\_  
Frequent Ear aches \_\_\_\_\_

**ALLERGIC REACTIONS** (Please list all known allergies – plant, insect, food, medicine  
AND the type of reaction we can expect.)

\_\_\_\_\_  
\_\_\_\_\_

Describe any medical problems or issues with your child we should know about. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe physical limitations. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe emotional/psychological limitations or reactions. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List medications your child takes. \_\_\_\_\_

\_\_\_\_\_  
*Medications you expect us to administer must be well labeled, including clear directions for dosage, frequency, etc. Give any needed instructions here.*

In an **EMERGENCY**, if we cannot reach the parent/guardian or spouse, we should contact these alternates:

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## STUDENT MEDICAL RELEASE

(Please fill out one form for each child.)

The following permissions apply mainly to off-campus teen activities. Normal class sessions will typically not require medical treatment except for band aids. If your child is sick, please keep him/her at home.

### PERMISSION FOR ROUTINE MEDICAL TREATMENT

We will persistently try to contact you, your spouse or your listed alternates if your child requires treatment for medical issues such as high fever, persistent vomiting or other severe issues. Please indicate whether or not you want us to contact you if your child becomes ill with minor symptoms such as headache, sore throat, low-grade fever, etc.

Please contact me.

Please DO NOT contact me.

We do not want to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and decide whether A or B is in accord with your wishes.

#### Sign A or B (not both)

A. Except for the following \_\_\_\_\_ I grant permission to administer non-prescription medication (such as Tylenol, cough syrup, etc.) and for routine non-surgical care to be given to my child. The decision to give this care will be made by an authorized adult supervisor.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

B. I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PERMISSION FOR EMERGENCY MEDICAL TREATMENT

If your child experiences a life-threatening emergency, adults authorized by the parish will immediately and persistently try to contact you, your spouse or your listed alternates.

In the event of a life-threatening emergency with my child, I hereby give permission to have my child transported to the nearest hospital/emergency center for medical or surgical treatment. I understand that once my child is in the care of medical professionals, it will be their responsibility to advise me prior to any further treatment by the hospital or physician.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY INSURANCE PROVIDER/HEALTH PLAN \_\_\_\_\_

HEALTH PLAN NUMBER (Include expiration date) \_\_\_\_\_