

# Immaculate Conception Church

Family Based/Youth Ministry  
2018-2019 Registration Form

Office Use:

Family Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone # \_\_\_\_\_

Preferred e-mail \_\_\_\_\_

### Father's Information

### Mother's Information

Name \_\_\_\_\_ Religion \_\_\_\_\_

Name \_\_\_\_\_ Religion \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### Child/Teen Information

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School attending Sept. 2017 \_\_\_\_\_ Grade \_\_\_\_\_

*Circle the program your child/teen will be participating in*

Family Based (K-5)      Middle School Youth Group (6-8)      High School Youth Group (9-12)

*If attending the Family Based Program which resource would you prefer to work from (circle one)*

Online program

Textbook

Youth Groups Only: Student's Cell # \_\_\_\_\_ (used for text alerts that parents will also receive as necessary)

Student's e-mail \_\_\_\_\_

**TURN OVER →**

# Immaculate Conception Church

Family Based/Youth Ministry

Health Form

Name of Child/Teen \_\_\_\_\_

**EMERGENCY CONTACT OTHER THAN PARENT (used only if parent cannot be reached)**

**(NAME)** \_\_\_\_\_

**CELL and/or HOME PHONE** \_\_\_\_\_

Family Physician/Clinic \_\_\_\_\_

Please list any allergies your child/teen might have

\_\_\_\_\_

List any medications that your child/teen may need to have in their possession

\_\_\_\_\_

Are there any health/educational issues that we should be aware of?

\_\_\_\_\_

Who will be picking up your child/teen?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Is there anyone who SHOULD NOT be picking up your child/teen? Name \_\_\_\_\_

In signing this health form, I hereby certify that the above information is correct and give permission for my child/teen to be transported for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of illness or injury.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MODEL RELEASE-** I hereby consent to and authorize the use and reproduction by Immaculate Conception Parish, or anyone authorized by Immaculate Conception Parish, of any and all photography, still or in motion in which this child/teen appears.

I acknowledge that we will not be paid compensation for any reproduction of these materials.

I hereby certify that I am the parent or guardian of the child/teen names above, and (CIRCLE ONE) **Give/do not give** my consent to his/her image being utilized by Immaculate Conception Parish.

PARENT GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_