HOUR OF POWER
REGISTRATION FORM: GRADES K - 5
St. Stanislaus Parish School of Religion (PSR)

Please complete the front and back of this form.

Mother's Name_____ Catholic ___Yes ___No

Father's Name_____ Catholic ___Yes ___ No

Address_____

City_____ Zip_____

What is the best way to contact you (check all that apply)?
___Home Phone_____
___Alternate Phone_____ Text: Y N
___E-mail_____

Are you a registered member of St. Stanislaus Parish? ___ Yes ___ No

	Student Name	**Birth Date**	**Grade**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

For each child circle the appropriate response:

	Baptism	Reconciliation	Communion	Confirmation
1.	Yes No	Yes No	Yes No	Yes No
2.	Yes No	Yes No	Yes No	Yes No
3.	Yes No	Yes No	Yes No	Yes No

_____ _____
Parent Signature Date

Please call 636-4925 or email ststanleann@socket.net with questions.

MEDICAL INFORMATION

The following information is necessary in case we need to seek emergency treatment for your child. It will be kept confidential to be used only in case of emergency.

If you cannot be reached in case of an emergency, whom should we call?

Name_____ Relationship_____

Phone_____

Hospital Preference_____

Physician_____ Phone_____

For each child, please answer the following:

Child	List any allergies (food or medical)	List medications taken	Any other medical concerns
1.			
2.			
3.			

I understand every attempt will be made to reach me, but if the severity of the injury indicates the necessity, the emergency response system will be called. I authorize emergency treatment to be administered.

Signed_____ **Date**_____