2019/2020 St. Stanislaus Parish School of Religion (PSR)
HOUR OF POWER
REGISTRATION FORM: GRADES K-5

Contact: Ann Kampeter, email: ststansec@socket.net or phone: 573-636-4925

Please return completed form to the St. Stanislaus Parish Office

Student (middle) Name **Birth Date** **Grade** **Baptism** **1st Reconciliation** **1st Communion**

1)____________________________________ _________ _______ Y/N Y/N Y/N

Church of Baptism: ______________________________ Member of St. Stanislaus Y/N _________________________

Student (middle) Name **Birth Date** **Grade** **Baptism** **1st Reconciliation** **1st Communion**

2)____________________________________ _________ _______ Y/N Y/N Y/N

Church of Baptism: ______________________________ Member of St. Stanislaus Y/N _________________________

Student (middle) Name **Birth Date** **Grade** **Baptism** **1st Reconciliation** **1st Communion**

3)____________________________________ _________ _______ Y/N Y/N Y/N

Church of Baptism: ______________________________ Member of St. Stanislaus Y/N _________________________

Mother's (include maiden) Name ____ Catholic ____Yes ______No

Address ____

Cell # ___________________________ Email _________________________________ Text? _____Yes _______ No

(most communication happens through email)

Father's Name ____ Catholic ____Yes ______No

Address ____

Cell # ___________________________ Email _________________________________ Text? _____Yes _______ No

(most communication happens through email)

Form 2 on Back

2019/2020 St. Stanislaus Parish School of Religion (PSR)
HOUR OF POWER
REGISTRATION FORM: GRADES K-5

Contact: Ann Kampeter, email: ststansec@socket.net or phone: 573-636-4925

Drop-off and Pick-up Permission Information

I, ___________________________, mother/father of a St. Stanislaus PSR student(s) give my permission to the following individuals to drop-off and pick-up my child(ren) at/from the program when necessary.

Name and relationship: Phone:

____ ______________________________

____ ______________________________

____ ______________________________

I have read the St. Stanislaus Parish School of Religion **Parent Handbook** Yes ____ No____

I give permission for my child(ren) photos to be placed on **St. Stanislaus social media pages** if applicable to events relating to the Church. Yes _____ No _____

Mother's Signature ____ **Date:** ___________________

Father's Signature ____ **Date:** ___________________

Form 1 on Back

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HOUR OF POWER
REGISTRATION FORM: GRADES K-5

Contact: Ann Kampeter, email: ststansec@socket.net or phone: 573-636-4925

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

Child	List any allergies (food or medical)	Current list of medications	Any other medical concerns
1)			
2)			
3)			

Parent/Guardian Name: ____ Contact: _________________________________

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

Name: ______________________________ Relationship: _______________________________

Phone: ___________________________________ Hospital Preference: __________________________________

Physician: ____

Mother's Signature ____ **Date:** ___________________

Father's Signature ____ **Date:** ___________________