

*** PLEASE FILL OUT BOTH SIDES *** SIGNATURE REQUIRED ON BACK

St. Lawrence Church – St. Joseph’s Church
2016-2017 Religious Education Registration
2410 Morris Thomas Rd Duluth MN 55811
Office Phone: 722-2259

Family Last Name _____ Home Phone _____

Father’s Name _____ Cell Phone _____

Mother’s Name _____ Cell Phone _____

Address _____

City, State, Zip _____

Are you able to receive text messages? Y___ N___

PRIMARY Email address: _____

Registered Members of: St. Lawrence _____ St. Joseph _____ Not registered _____

Registration For All Children

| Student’s name First & last (if different) | M/F | Grade this fall & School Name | Birthdate | Baptism Date City/Church | 1 st Communion Date |
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REGISTRATION FEE:

Registered Families: \$40/child or \$60/family (2 or more children)
Unregistered Families: \$55/child or \$85/family (2 or more children)
(Scholarships/payment plans available. Contact parish office.)

PLEASE COMPLETE BOTH SIDES OF FORM, SIGN IT AND RETURN IT IMMEDIATELY

***** PARENT SIGNATURE REQUIRED ON BACK *****

Office: Date Paid _____ Amount _____ In Computer _____ LURES/Safe Env. _____

INSURANCE INFORMATION: THIS INFORMATION IS REQUIRED:
Insurance Company _____
Group No./ID No. _____

EMERGENCY INFORMATION: If you feel there is any special medical information we should be aware of for any of your children, please fill out the following: (Attach additional sheet if necessary)

Child's Name _____
Medical Information _____
Physician's Name _____ Phone _____

Child's Name _____
Medical Information _____
Physician's Name _____ Phone _____

Child's Name _____
Medical Information _____
Physician's Name _____ Phone _____

If parents can not be reached, person to contact in case of emergency:

Name _____ Phone _____

FOLLOWING STATEMENT APPLIES TO ALL CHILDREN LISTED ON THIS REGISTRATION:
May we seek medical attention if the emergency contact listed above cannot be reached? ___yes ___no
If no, what action should be taken?
Parent Signature _____ **Date** _____

FOLLOWING STATEMENT APPLIES TO ALL CHILDREN LISTED ON THIS REGISTRATION:
Please sign here if you do **NOT** wish to have your child's picture displayed in the church _____
Please sign here if you do **NOT** wish to have your child's picture in any videos (on-line or other) relating to the church _____
Please sign here if you do **NOT** wish to have your family email address passed on to child's teacher _____

I would be willing to assist with programs/activities in the following ways:

- PreK-5th Grade Classroom teacher
- 6th-8th Grade Edge Core Team
- 9th-11th Grade LifeTeen Core Team
- Classroom aid
- Substitute teacher
- Chaperon for Activities
- Need a hand? Call Me.