



Child Registration

Fill in this form, detach and return. Keep the top portion details on reverse.

Child's Name _____

Birth Date ___/___/___ Age ___ Grade Next School Yr. _____

Parent's Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Church Affiliation if any _____

Allergies/Special Needs _____

Emergency Contact/Cell #'s _____

Child received the Sacrament of First Eucharist: yes no

(Cost: suggested donation of \$15 1st child, \$10 2nd, \$5 each additional child from immediate family- financial scholarships are available, please check here if requesting)

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Medical Release:

I, the undersigned parent or legal guardian of _____, a minor, authorize a representative of St. Joseph Catholic Church to consent in any emergency situation to any x-ray exam, lab test, anesthetic, medical or surgical procedure or hospital care required on the above minor while in their custody and for which I am unable to be reached to provide consent. Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine in the state of Washington. Parent/Guardian

Signature _____ Date ___/___/___