

Student Information

Student's name: _____ Birth Date: _____ Grade (in the fall) 2017 _____

Student's address: _____ City _____ ZIP _____

Student's parish: _____ Student's school: _____

Previous religious Education? ___ Yes ___ No

If yes, Grade levels: _____ Where? _____

*Baptism Date: _____ Church: _____ City: _____

***Important: If not from Blessed Trinity or previously from Annunciation or Ascension, please include a copy of child's baptismal certificate.**

First Communion Date: _____ Church _____ City: _____

Confirmation Date: _____ Church: _____ City: _____

Parent/Guardian Information

Father's Name: _____ Religion: _____

Address (if different from student): _____

Mother's Name: _____ Religion: _____

Address (if different from student): _____

Child lives with: ___ Both parents ___ Mother ___ Father ___ Grandparent/s ___ Legal Guardian (if applicable)

Contact phone number(s): _____ / _____ / _____
Name/relationship Name/relationship

Contact E-Mail(s) : _____ / _____ / _____
Name/relationship Name/relationship

Who has permission to pick your child up from PSR? _____

Does your child have permission to walk? YES _____ NO _____

✓ **PSR Option you are choosing:** (check one)
_____ Sundays, 9:00a -10:45a at Blessed Trinity Parish (Grade 1-Grade 8)
_____ In-Home Family Program for Blessed Trinity Parishioners

PSR begins September 17, 2017. (Grades 4-6 begin September 24.)
Children attend weekly, except holidays, through April 29, 2018.
\$40 materials fee is due with registration.
If this fee creates a hardship, financial assistance in the form of a payment plan is available.
Contact Katie Corbett @ kcorbett@blessedtrinitycleveland.org or 216.671.5890x20

Emergency Information

Student's Name: _____

Medical: (allergies, conditions, medications, special needs for which we need to be aware):

Emergency Contact (if parent cannot be reached): _____

Phone: _____ Relationship to Student: _____

Medical Authorization Form

Purpose: To enable parents/guardians to authorize emergency treatment for children who become ill or injured while attending PSR when parents/guardians cannot be reached.

Either PART I OR PART II must be completed (Do not complete both parts). PLEASE PRINT

PART I (To Grant Consent)

In the event reasonable attempts to contact me at _____ (phone)

or other parent/guardian at _____ (phone) have been unsuccessful,

I hereby give my consent for:

(1) the administration of any treatment deemed necessary by:

Dr. _____ (preferred doctor) at _____ (phone) **or**

Dr. _____ (preferred dentist) at _____ (phone) **or**
in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

(2) the transfer of the child to _____ (preferred hospital) or any reasonably accessible hospital.

This authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, **medications and reason being taken**, and any physical impairment to which a physician should be alerted:

Date

Parent / Guardian's Signature

Address

Do Not Complete Part II If You Completed Part I

PART II (Refusal to Consent)

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to:

Date

Parent /Guardian's Signature

Address

Photo Release Form (must be returned with registration)

This release is for any and all programs sponsored by Blessed Trinity Parish. I hereby give consent to photographs or videotapes made of my child(ren) and the use of such photographs or videotapes and/or stories in connection with any work of Blessed Trinity Parish including, but not limited to newsletters, websites, Facebook, directories, etc. without consideration of any kind, and I do hereby release Blessed Trinity Parish from any claims whatsoever which may arise in said regard.

Child/ children's name(s)

Parent or Guardian's signature

PRINT NAME

DATE

OR

I **DO NOT** consent to photographs or videotapes being made of my child(ren).

Child/ children's name(s)

Parent or Guardian's signature

PRINT NAME

DATE