

**ST. PAUL PARISH
PSR STUDENT REGISTRATION — 2017-2018**

Enrollment Fee: \$10 per student, 3 or more in family is \$5 each.

Name of Student _____

Address _____ Phone _____

Email Address: _____

School Grade (2017-18) _____ Gender (circle one) MALE FEMALE

Baptized: YES NO First Communion: YES NO Confirmation: YES NO

▶ A copy of the child's baptism certificate is needed for all students enrolled in 2nd grade. ◀

PARENT INFORMATION

Mother's Name _____

Address (if different than above) _____

Telephone: Home _____ Work _____ Cell _____

Father's Name _____

Address (if different than above) _____

Telephone: Home _____ Work _____ Cell _____

IN CASE OF EMERGENCY (person who can be contacted to pick up the child)

Name _____ Relationship _____

Telephone _____

List any Allergies / Medications / Medical Concerns _____ Wears Contacts: YES NO

Parental consent for child to attend St. Paul Parish PSR Program

Parent's Signature _____ Date _____

Enrollment Fee Paid: YES NO Date Paid: _____

Remember to fill out both sides of this form.

**CATHOLIC DIOCESE OF WICHITA
OFFICE OF RELIGIOUS EDUCATION & ST. PAUL PARISH**

**MEDICAL / LIABILITY RELEASE FORM
(Revised September 2004)**

Medical Permission for Youth and Adults:

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

Permission for Other Medical Matters:

_____ **YES**, in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

Release of Liability for Youth and Adults:

The undersigned do hereby release, forever discharge and agree to hold harmless the Office of Religious Education, St. Paul Catholic Church and the Catholic Diocese of Wichita from and against any and all kind of liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned's minor child.

The undersigned further agree to indemnify and hold harmless the Office of Religious Education, St. Paul Catholic Church and the Catholic Diocese of Wichita and its respective members, officers, director and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the event named.

Code of Behavior for Youth and Adults:

I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the Diocese of its chaperones/representatives.

Signature of Participant _____ Date _____

Signature of Parent/Guardian* _____ Date _____

*required if participant is under 18