Most Pure Heart of Mary
Catholic Church

For Office Use:
_____
_____

Family Registration

Religious Education Program

Family's Last Name: _____ **Home Phone:** _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Contact E-mail: _____

Father's Name: _____ **Religion:** _____
NO ABBREVIATIONS First Middle Last

Mother's Name: _____ **Religion:** _____
NO ABBREVIATIONS First Middle Last Maiden

Stepfather: _____ **Religion:** _____
First Middle Last

Stepmother: _____ **Religion:** _____
First Middle Last

Guardian: _____ **Religion:** _____
First Middle Last

Child(ren) resides with: _____

Please check one:

☐ **Our family is registered with MPHM parish.**

☐ **Our family is NOT registered with MPHM parish. We are registered at:** _____

Fee Payment: Parish Member: 1 student = $55 2 students = $100 3 or more = $130
Non-Parish Member: per student = $65

***** Payment is required at the time of registration. Checks are payable to *Most Pure Heart of Mary*. *****

(Registration fees are waived for parents serving as catechists or catechist aides. Please check here if you are a Catechist [ ] or Catechist Aide [ ] and note which grade you are teaching/assisting: _____.)

Permissions & Signatures (1 Form per Family)

Medical Release: In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending the MPHM Religious Education Program and related activities. Any violation of these rules and regulations may result in that individual being sent home.

Parent Signature: _____ Date: _____

Address: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Hospital Preference: _____

Name(s) of Child(ren): _____

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Parental Pledge: I understand that I am the primary educator of my child(ren)'s faith. I further realize that the Religious Education Program cannot, in the time allowed, provide my child(ren) with all of the education and spiritual formation needed to fully live the life God intended.

With the help of Most Pure Heart of Mary Parish, more specifically the Religious Education Program, I vow to the best of my abilities, to live by the vows made at my child(ren)'s Baptism, to attend Mass regularly with my child(ren), to bring my child(ren) to class consistently and to be a spiritual example for my child(ren).

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

**** (Both parents' signatures are preferred, but if a parent is absent at the time of registration, one parent's signature is sufficient.) ****

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Photo Release: I give permission / I do not give permission for my child's photo to be used in parish media/bulletin.

Parent Signature: _____ Date: _____