Re-registration
Due 8/3/20

SACRED HEART OF JESUS PARISH
PARISH RELIGIOUS EDUCATION PROGRAM

RE-REGISTRATION 2020-2021

Students Name:_____ Gender: M F

_____
Address: Street, City, State, Zip Code

_____
Home Phone Number and email

_____
Parents' Names

_____
Father's cell phone number and email

_____
Mother's cell phone number and email

_____
Emergency Contact Person

Telephone number _____

School Name _____

Grade in school for 2020-2021: _____ PREP grade for 2020-2021 _____

- Also complete the Medical Matters form and return it with payment for registration to Sacred Heart of Jesus Parish, Religious Education Office, 210 E. Northampton St., Bath, PA 18014.
- Fees: $85 for one child, $140 for two, $190 for three or more children. Make checks payable to Sacred Heart of Jesus Parish. **After August 17, 2020, there is a $25 late fee per registrant.**

For Office use only:

Date received _____

Payment: Cash_____ Check_____ Number_____ Amount $_____

Sacred Heart of Jesus Parish Religious Education
Parent/Guardian Permission Form & Release
Medical Matters

Student Name _____Religious Ed. Grade (2020-21) _____

Home Telephone_____

Father's cell_____ Mother's cell_____

Emergency Contact (if parents cannot be reached) Name_____

Phone _____ Relationship to child_____

Family Doctor_____Phone_____

Hospital preference: 1st choice_____ 2nd choice_____

Medical Insurance Information**:** Health Plan Carrier_____

Group #_____ID #_____

Specific Medical Information: The parish should be well aware of the following medical conditions. The parish will take reasonable care to see that this information will be held in confidence.

List student's current medications_____

_____

List student's known allergies (medications, foods, plants, insects, etc.)_____

_____

List anything that you would like the teacher to know that would help your child in class

_____

Medically prescribed diet?_____

Any physical limitations?_____

Other medical conditions:_____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.
Emergency medical treatment: In the event of a medical emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any *further* treatment by the hospital or doctor.

Parent signature:_____ Date:_____