



Emergency Medical Treatment Form

These forms are stored separately from registration information and used only in case of emergency.

Parent/Guardian Information:

Father's Name: _____
First Last

Mother's Name: _____
First Last

Father's Cell Number: _____ **Mother's Cell Number:** _____

Home Phone: _____

Student Information:

Student First Name	Student Gender	Grade	Allergies (especially any medication allergic to) & medications being taken:
	M F		
	M F		
	M F		
	M F		
	M F		

Emergency Contact Information:

Please provide an emergency contact, **other than a parent**, in the case that neither parent can be reached. *Please Print Clearly.*

Name: _____
First Last

Relationship to Student(s): _____ **Phone Number:** _____

Health Insurance Information:

Please provide all of the below information. *Please Print Clearly.*

Insurance Company: _____

Health Insurance #: _____
Please include Member ID and Group #

Emergency Treatment:

In the event of any emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Legal Guardian Signature: _____ Date: _____



Catholic Formation Payment Worksheet

Last Name: _____

Home Phone: _____

Father's Name: _____

Mother's Name: _____

Please List all registered children and their grade below:

Child First Name: _____	Grade: _____
Child First Name: _____	Grade: _____
Child First Name: _____	Grade: _____
Child First Name: _____	Grade: _____
Child First Name: _____	Grade: _____

All Payments are **PER CHILD, PER YEAR** with a maximum of **\$330 total cost per parish member family**. **Additional Fees are not included in that maximum.** Installment plans are available to any family and **NO** family will be turned away because of financial difficulties.

I Have ____ Students in Children's Formation (K3-5)	x \$110	=	
I Have ____ Students in EDGE (Grades 6-8)	x \$110	=	
I Have ____ Teens in LIFE TEEN (High School)	x \$110	=	
I Have ____ Teens in the Confirmation Process	x \$110	=	
Tuition Sub-total (Maximum \$330)	=		

Payment Plans

Pay Tuition in Full

Pay Tuition by Semester
(Half Now, Half by 1/31/19)

Please contact me to discuss other tuition arrangements

ADDITIONAL FEES:

\$150 Confirmation Retreat Fee	x _____ Students	=	
\$15 Non-Parishioner Fee	x _____ Students	=	
\$25 Late Fee, if returned after August 1 st		=	
Additional Fees Sub Total		=	
Total (Tuition + Additional Fees)		=	

OFFICE USE ONLY:

Date Received: _____ Amount Paid: _____ Check #: _____ Cash: Y N Initials: _____

Children's Formation: _____ Student Ministries: _____ Business Office: _____