

## 2009-2010 Pax Christi Catholic Church Preschool-12<sup>th</sup> Grade Registration

Choose the activities from the Pax Christi Growing in Faith Opportunities for All Ages  
Handbook,  
then fill in the chart below. Please use one line for each different program.

Name	Grade <small>(preschool - circle age)</small>	M/F	activity code	fee
<b>Total (maximum of \$130/family)</b>	-----	-----	-----	
<b>Discount for catechists</b> receive a \$20 discount every time you are a catechist! (1 program - \$20, 2 programs - \$40, etc.) Please see other yellow form for all catechist ministry options.	-----	-----	-----	-
Late fee (after Sept. 1)      \$15	-----	-----	-----	+
<b>Total - check enclosed</b>	-----	-----	-----	

A limited number of scholarships are available.

Mother/Guardian name: \_\_\_\_\_ Father/Guardian name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Home phone # \_\_\_\_\_ Home phone # \_\_\_\_\_  
 cell phone # \_\_\_\_\_ cell phone # \_\_\_\_\_  
 Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ cell phone #: \_\_\_\_\_

Please return by Sept. 1, 2009 make checks payable to: Pax Christi Catholic Church  
 4135 18 AVE NW Rochester, MN 55901 (507) 282-8542      paxchristichurch.org

Photos/videos may be taken for publicity purposes.  
 If you would **not** like photos to be taken, please contact the church office.

office use:

date received \_\_\_\_\_ \$ \_\_\_\_\_ check # \_\_\_\_\_

# Pax Christi Catholic Church preschool-12<sup>th</sup> Grade Medical Information

(please use one section for each child - please make additional copies if needed or access form at [www.paxchristiyouth.org](http://www.paxchristiyouth.org))

## **GENERAL MEDICAL INFORMATION:**

\* information will be kept in a confidential file and shared only with catechists and coordinator.\*

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Parent name(s): \_\_\_\_\_

Allergic Reactions (medications, foods, plants, insects, etc...): \_\_\_\_\_

Any special medical conditions we should be aware of (chronic illnesses, physical limitations, medically prescribed diet, recently exposed to contagious diseases such as mumps, measles, chicken pox, etc.): \_\_\_\_\_

Medications: \_\_\_\_\_

Please sign below IF you grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup, Tylenol, etc.) to be given to your child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* 6<sup>th</sup>-12<sup>th</sup> grade, please enclose a copy of insurance card both back and front. \*\***

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**\*\* 6<sup>th</sup>-12<sup>th</sup> grade, please enclose a copy of insurance card both back and front. \*\***