

2011-2012 Pax Christi Catholic Church Preschool-12th Grade Registration

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

Child Name	Grade <small>For preschool children, please circle age</small>	Gender <small>M/F</small>	activity code	fee
Total (maximum of \$130/family)	-----	-----	-----	
Discount for catechists receive a \$20 discount (one discount per household). Please see other yellow form for all catechist ministry options.	-----	-----	-----	-
Total - check enclosed	-----	-----	-----	

A limited number of scholarships are available; contact the parish.

Mother/Guardian name: _____	Father/Guardian name _____
Address _____	Address _____
Home phone # _____	Home phone # _____
cell phone # _____	cell phone # _____
Email address: (preferred method of communication) _____	Email address: (preferred method of communication) _____

Emergency Contact: _____ Relationship: _____
(if parents cannot be reached)

Phone #: _____ cell phone #: _____

Please return by Sept. 1, 2011

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-12th Grade Medical Information

(please use one section for each child - make additional copies if needed or access form at www.PaxChristiChurch.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 whooping cough, chicken pox, etc.): _____

Medications: _____

**** 6th-12th grade****

Please sign below and enclose a copy of insurance card both back and front.

I grant permission for non-prescription medication (such as throat lozenges, cough syrup, Tylenol, etc.) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

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Parent name(s): _____

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