

OUR LADY OF PERPETUAL HELP  
St. Mary's Parish  
Registration for First Eucharist 2018-2019  
Cost: \$60 per child

Make checks payable to St. Mary's.  
Scholarships and payment plans are available. Please ask!

FOR OFFICE USE ONLY	
Fees Paid: \$ _____	
_____ Baptismal Certificate	
_____ PDS	
Sacramental Reg. Pg. _____ No. _____	

Child's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Father's Name (First and Last): \_\_\_\_\_

Mother's Name (First and Last): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Child Lives With: Both Parents  Father  Mother  Other  \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/s: \_\_\_\_\_

Email/s: \_\_\_\_\_

Has your child been baptized? Yes  No

If yes, Date: \_\_\_\_\_ Parish: \_\_\_\_\_

**A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE IS REQUIRED**

Is Your Family Registered in the Parish? Yes  No  Unknown

In case of an emergency, contact:

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

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

Persons authorized to pick up your child/ren:

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

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

Any person NOT allowed to pick up your child/ren:

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

\_\_\_\_\_ I authorize the use of photographs and/or videos of my child to be used for church publications, bulletin boards, website or other church activities.

\_\_\_\_\_ I DO NOT authorize the use of photographs and/or videos of my child to be used for church publications, bulletin boards, website, or other church activities.

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

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**OUR LADY OF PERPETUAL HELP: ST. MARY PARISH**  
**EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH**

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Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade Level \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Phone \_\_\_\_\_

Person with whom child is living \_\_\_\_\_

Church/School requesting form: St. Mary's (OLPH), Albany

**Person(s) to notify in case of an emergency:**

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Last tetanus immunization or booster date \_\_\_\_\_

Allergies (food, drugs, insects, etc.) \_\_\_\_\_

Is child presently on any medications?      Yes      No      If yes, please state below:

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for medication \_\_\_\_\_

Prescribing physician \_\_\_\_\_ Phone \_\_\_\_\_

**Please note any injuries, recent surgery, prolonged illness, current medication, correctivelenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child.**

\_\_\_\_\_  
\_\_\_\_\_

**Insurance information:**

Name of medical insurance company \_\_\_\_\_

Group or identification number \_\_\_\_\_

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE

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