**SS. PETER & PAUL CATHOLIC CHURCH**

**Weyauwega, WI 54983**

***STUDENT INFORMATION & REGISTRATION***

Mail back or bring forms to the first class

SS. Peter & Paul Catholic Church, P. O. Box 548, Weyauwega, WI 54983

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| **STUDENT INFORMATION** | | | | | | |
| **STUDENT(s) NAME(s):** | | | | **DATE OF BIRTH:** | | |
| **PARENT/GUARDIAN NAME:** | | | **HOME PHONE NO.** | | **CELL NO.:** | |
| **ADDRESS:** | | **CITY, STATE, ZIP CODE:** | | | | |
| **GRADE ENTERING IN FALL:** |  | | | | |

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| ***Parent/Guardian Information*** | |
| **#1 PARENT/GUARDIAN NAME:** | **#2 PARENT/GUARDIAN NAME:** |
| **HOME PHONE NO.:** | **HOME PHONE NO.:** |
| **#1 PARENT/GUARDIAN CELL NO.:** | **#2 PARENT/GUARDIAN CELL NO.:** |
| **#1 PARENT/GUARDIAN WORK NO.:** | **#2 PARENT/GUARDIAN WORK NO.:** |
| **ADDRESS:** | **ADDRESS:** |
| **E-MAIL ADDRESS:** | **E-MAIL ADDRESS:** |
| ***Registration Fee***  ***$30 Registration fee per student. Two or more children per family, $50 total.***  ***\*$25 fee added for First Eucharist & Confirmation preparation for additional supplies*** | |
| \_\_\_\_\_\_ Check Enclosed  \_\_\_\_\_\_ I am unable to pay at this time. Please use scholarship money to cover my costs.  \_\_\_\_\_\_ God has blessed me financially. I would like to make a donation of $\_\_\_\_\_\_\_\_\_\_ toward  registration fees for another family.  **SS. PETER & PAUL CATHOLIC CHURCH**  **Weyauwega, WI 54983** | |

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| **Authorization for Emergency Transportation and Treatment** |

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| **#1 EMERGENCY CONTACT NAME:** | | | **#2 EMERGENCY CONTACT OTHER THAN PARENT:** | | | | |
| **#1 HOME PHONE NO.:** | **#1CELL NO.:** | | **#2 HOME PHONE NO.:** | **#2 CELL NO.:** | | | |
| **#1 WORK NO.:** |  | | **#2 WORK NO.:** | | **920-982-7525** | |
| ***Medical History*** | | | | | | |
| **MEDICATIONS STUDENT IS PRESENTLY TAKING:** | | | | | | |
| **KNOWN ALLERGIES:** | | | | | | |
| **PERTINENT HEALTH CONDITIONS:** | | | | | | |
| **FAMILY PHYSICIAN:** | | | **PHONE NO.:** | | | |
| **FAMILY DENTIST:** | | | **PHONE NO.:** | | | |
| **HOSPITAL:** | | | **PHONE NO.:** | | | |

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| ***Insurance Information*** |
| **HEALTH INSURANCE COMPANY:** |
| **ADDRESS:** |
| **PHONE NUMBER:** |
| **MEMBER ID NUMBER OR GROUP NUMBER:** |

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| ***Authorization*** |

I authorize SS. Peter & Paul personnel to transport my son/daughter to a physician’s office and/or emergency room for treatment in the event of a medical emergency and care is required. I authorize the Physician and Hospital Staff to treat my son/daughter, as they deem necessary in the emergency. An ambulance will be called depending on the severity of the circumstance.

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

**PARENT/GUARDIAN SIGNATURE:****DATE**

**SS. PETER & PAUL CATHOLIC CHURCH**

**Weyauwega, WI 54983**

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| **PERMISSION FORM 2021-2022** |

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| ***Picture/Image*** |

I hereby give my permission for my son/daughter’s picture or image and full name to be used in church publications, newsletters, and newspapers.

**Student Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_ no Ss Peter & Paul's website also: \_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_no

**Student Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_ no Ss Peter & Paul's website also: \_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_no

**Student Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_ no Ss Peter & Paul's website also: \_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_no

**Student Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_ no Ss Peter & Paul's website also: \_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_no