**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.

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**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