



Children & Youth Registration

2023

Student

Full Name _____

Date of Birth _____ Age _____ Grade in School _____

Known allergies _____

Other relevant health conditions _____

Does your child carry an EpiPen, asthma inhaler, or other medical device?

No Yes

If yes, please specify _____

Can your child use the medication themselves? Yes No

Is there anything else you'd like us to know about your child? _____

Parent(s) or Guardian(s)

Name(s) _____

Address _____

Phone _____ Email _____

Sibling(s) (please fill out a separate registration form for each child) _____

Media Release We sometimes use photos from parish activities on our website, social media, or in Saints Alive, our quarterly magazine. Names are never printed. Please indicate if we can use your child's image:

Website Facebook/Instagram Saints Alive

Parent or Guardian Signature _____ **Date** _____