

EMERGENCY CONTACT

Name:

Relationship:

Cell Phone:

Home
Phone:

Work Phone:

Email:

EMERGENCY INFORMATION

Primary Physician:

Physician Phone:

Preferred Hospital:

Insurance Company:

Policy Number:

I hereby certify that the above information is correct and give permission for my child to be transported in privately-owned vehicles for medical and other emergencies only, and for the release of medical records to an attending healthcare professional in case of illness or injury. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I give permission for the St. Stanislaus Church of Rochester, NY to make use of pictures of my child for informational/advertising purposes only for Parish programs. Yes No

Parent's Signature:

Date:

Special Needs (please describe):

TUITION

VBS: No Charge (through the generosity of the St. Stanislaus Ladies' Society); Free will donations gladly accepted

Religious Education Classes: \$50/student/year; \$80/2 students/year; \$100 family maximum/year

First Reconciliation & First Communion: \$50/student

Confirmation Prep. Sessions: \$50/student/2-year program; 2nd year youth will have a balance due of \$15 this year

No child should ever forgo faith formation for financial reasons. If such a need exists, please discuss with the program coordinator.

FOR OFFICE USE ONLY

Amount Due:

Amount Paid:

Date:

Cash:

Check #:

Initial: