

**St. Peter Parish School of Religion (PSR) & Junior High Registration  
2023-2024**

*Please submit this Registration & Emergency Medical Release (back) with \$40 (checks payable to St. Peter Parish) to the parish office, 430 Main St., Huron, OH 44839 by August 28th*

Parents' Names: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

School Attending (2022-23): \_\_\_\_\_

Home Address: \_\_\_\_\_

Non-Custodial Parent Address (if applicable): \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ \*Student Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

\*Student Email: \_\_\_\_\_

\*Providing contact info implies permission to contact your son/daughter for ministry purposes only.  
It may be shared with other background checked adults who have been trained in protecting our youth.

Parish of Baptism: \_\_\_\_\_

Parish of First Communion: \_\_\_\_\_

Interests & Hobbies: \_\_\_\_\_

**PERMISSION TO PUBLISH PHOTOS AND STUDENT WORK**

St. Peter Parish requests your consent for youth leaders and parish staff to publish your student's work and/or picture on their website and social media pages and to be used for publicity. These items are also sometimes provided to media outlets. To protect students' identities, last names or photos will not be used with student work and photographs of students will not have any identifying information.

**YES:** As the parent/legal guardian of the above named student, I consent to the use of his/her photograph or project(s) for use on the St. Peter website or in other publicity.

Parent or Guardian Name (please print): \_\_\_\_\_

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

**NO:** As the parent/legal guardian of the above named student, I do not consent to the use of his/her photograph or project(s) for use on the St. Peter website or in other publicity.

Parent or Guardian Name (please print): \_\_\_\_\_

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

## Emergency Medical Authorization St. Peter Parish 2023-2024

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Parent/Guardians: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any facts concerning child's medical history, including allergies, medications, etc. to which we should be alerted. Is your child on an IEP of which we should be aware?

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### **PART I or PART II must be completed by all students:**

#### **\*\*PART I: Grant to Consent**

In the event reasonable attempts to contact us at above numbers have been deemed unsuccessful, I hereby give my consent for: the administration of any treatment deemed necessary by: Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

or in the event the designated practitioner is not available, by any other licensed physician or dentist; and the transfer of the child to \_\_\_\_\_ (Preferred Hospital) or any hospital reasonably accessible.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of parent/guardian)

#### **\*\*PART II: Refusal to Consent**

I do not give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency medical treatment, youth leaders are to take no action or

\_\_\_\_\_.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of parent/guardian)