

Child's Name: _____ Father's Name: _____

Birth Date: _____ M F Mother's Name: _____

Address: _____ City/Zip: _____

Grade: _____ Home Phone: _____

School: _____ Parent Cell Phone: _____

Are you a registered member of St. Rose?

Y N

Parent E-mail: _____

(If No, please fill out a Parish Registration form)

Are you active duty Military? Y N

Adult T-shirt size: S M L XL

Sacramental Information: **Please circle** if your child **needs to receive** the following sacraments:

Baptism

First Communion

MEDICAL INFORMATION

Please list all information pertaining to allergies, diet, special medications, health conditions or any other Information necessary in an emergency situation. Explain Fully:

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

Medical / Hospital Insurance Carrier:

Name of Policy Holder _____ Relation to participant _____

Policy Number: _____ Group Number: _____

Emergency Contact Name (other than self) and Phone # _____

I give permission for photos of my child to appear on our Private Facebook page for Life Teen:

___ Yes ___ No

Parent Signature and date

There is NO FEE for Edge