

Student Medical Information (This section must be completed)

Please indicate if the student(s) has any ALLERGIES or special needs (ADHD, medications, etc)

Name(s) & Medical Information: _____

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child(ren) to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, Contact:

Name	Phone No
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Family Health Plan Name and Carrier Number: _____

Family Doctor: _____ Phone Number: _____

Tuition

Early Rate (Returned by August 12).....	\$75/Child
Maximum Family Fee (Early Rate).....	\$220/Family
Normal Rate (Returned by September 3).....	\$85/Child
Maximum Family Fee (Normal Rate).....	\$250/Family

Checks should be made payable to Ss. Peter and Paul or St. Thomas the Apostle and attached to this form. If you are in need of financial assistance, please do not hesitate to contact the parish office.

I, _____, grant permission for my child(ren) who is/are named above to participate in the Religious Education Program at St. Thomas the Apostle Church. In consideration of my child(ren)'s participation, I agree to indemnify the parish and the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against the parish and Archdiocese of St. Paul & Minneapolis by myself, my child(ren) or others that arise out of any behavior by my child(ren) in the classes and activities included in this program. I also agree to pay reasonable attorney's fees or expenses incurred by the parish and the Archdiocese in defense of such a claim/lawsuit. Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

Parent/Guardian Signature: _____ Date: _____

** If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the parish office to receive a version of this form that does not include the previous clause; however, some events/activities may require this clause.**

Wednesday Night Formation Schedule: 5:30-6pm Dinner (Open to all)
6:15-7:30pm PreK-Adult Formation

With Questions Contact Julianne Leighton: jleighton@saintsppta.org