

IHM RETURNING STUDENT REGISTRATION FORM

STUDENT NAME _____ GRADE _____

Parents/Guardians: _____

Email: _____

CONTACT INFORMATION NEEDED ONLY IF THERE ARE CHANGES

Address: _____

Home Phone: _____ Cell Phone: _____

ALL NEED TO FILL OUT THE EMERGENCY INFORMATION EACH YEAR

Photographs: A photograph of your child may be taken for use in the classroom, for celebration posters in the Gathering Area of the church and/or on the parish website.

IN CASE OF AN EMERGENCY:

During class I can be reached at _____

Person to contact if parent cannot be reached: _____

Relationship to child: _____ Phone: _____

Doctor: _____ Doctor phone: _____

In case of a medical emergency in which neither parent/guardian can be reached, I
_____, authorize treatment for my child, _____
and accept full financial responsibility.

Parent signature: _____ Print name: _____

Date: _____

Any other information for your child's teacher (including medical problems, allergies, or special needs):

Please return with tuition payment in the collection basket or mail to:

IHM
PO Box 1047
Williston, VT 05495

\$25 for each child \$75 for 3 or more children
Checks payable to IHM