

Holy Angels Catholic Church

535 Tucker Street • Dyersburg, TN 38024 • 731-287-8000

2019-2020 PRE Registration Packet for New Students Only

READ ME FIRST!

VERY IMPORTANT REMINDERS

Tuition paid on or before May 5, 2019: \$25 for the first child, \$5 for each additional child in a family.
Tuition paid after May 5, 2019: \$30 for the first child, \$10 for each additional child in a family.

NO Registrations will be accepted after Sunday, July 21, 2019, except for new families

If your child has received a sacrament (Baptism, 1st Penance, 1st Communion, and/or Confirmation) or made a Profession of Faith in a Catholic church other than Holy Angels Catholic Church, you must attach a copy of the sacramental certificate to this registration packet

Children who are registering in sacramental years (2nd grade for 1st Communion or 8th grade for Confirmation)

1. Must have attended PRE the previous year either at Holy Angels Catholic Church or some other Catholic church or school. If they attended PRE at another Catholic church or school the previous year, they must provide proof in writing from the church or school.
2. Must provide copies of all sacramental certificate(s).
3. Must complete the appropriate sacramental registration packet:
 - **1st Penance and 1st Communion Registration packet**
will be handed out at the mandatory 1st Communion Parent Meeting on Sunday, August 18, 2019 at 9:30am
 - **Confirmation Registration packet**
will be handed out at the mandatory Confirmation Parent Meeting on Sunday, August 25, 2019 at 9:30am

All PRE Classes (K-12th grade) will meet on Sunday mornings beginning August 11, 2019 from 9:30-10:30am

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Diocesan Health Form and Medical Release

Name: _____

Date of Birth: _____ Age: _____ Gender M - F

Address: _____ City/State: _____ Zip: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If Parent or guardian cannot be reached in an emergency, then please notify:

1- _____ Phone H: _____ W: _____

2- _____ Phone H: _____ W: _____

Health History

Any preexisting or present medical conditions? Describe: _____

Name and dosage of any medications that must be taken: _____

Any allergies? Allergic to any medications? Describe: _____

Hay Fever

Asthma

Diabetes

Insect Stings

Epilepsy/Nervous Disorder

Frequent Stomach Upsets

Physical Handicap

Heart Condition

Major Illness Past Year

If any of the above are checked give details (i.e., include normal treatment of allergic reactions): _____

Date of last tetanus shot: _____

Contact Lenses Swimming Restrictions _____ Activity Restrictions? _____

Is your child under any special medical treatment or diet that needs to be continued? Describe _____

In case of medical or surgical emergency, I hereby give permission to the physician selected by:

HOLY ANGELS CATHOLIC CHURCH, Dyersburg, Tennessee

(School/Church/Group)

or his/her representative to hospitalize and/or secure proper medical treatment for my above named child. I understand that I am responsible for the cost of any medical treatments (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

_____/_____
Signature Date

Home Address: _____ City/State: _____ Zip: _____

Insurance Information

Insurance Company _____ Insurance Policy# _____ Insurance Certificate# _____

If the situation permits, my first choice of hospital* is: _____

*Please understand that depending upon the seriousness of the situation, your child may be transported to the nearest hospital.

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Release of Information Photography & Video Consent Form

YES, I, _____,
hereby consent that any still or electronic image and/or audio recording, in which I or my child may appear, may be used by Holy Angels Catholic Church.

Furthermore, I understand that these materials may be used for promotion on bulletin boards, newspapers, website and possible marketing materials.

By my signature below, I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to Holy Angels Catholic Church's use of this/these photographs.

PLEASE PRINT:

| | |
|---------------------|-------------|
| Parent Name: | Date: |
| Name of Child: | |
| Hone Phone: | Cell Phone: |
| Address: | City: |
| State: | ZIP: |
| Parent's Signature: | |

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

+++++
NO, you may not use and/or take any type of photographic/digital image/video of my child.

Printed Name

Signature

Date