

# St. Peter Chanel Religious Education Jubilee Music Class Registration 2010—2011

11330 Woodstock Road Roswell, GA 30075  
PSR Office 678-832-1230 Fax 678-277-9423 E-mail: csimons@stpeterchanel.org

Jubilee Music meets Saturday morning from 10:30—11:30 in the Choir room.

Family e-mail: _____ <input type="checkbox"/> Check if new email address  Family Name: _____  Address: _____  City: _____ Zip: _____	Home Phone: _____  Father's Name: _____ Religion: _____  Cell Phone: _____  Mother's Name: _____ Religion: _____  Cell Phone: _____
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First & Last Name:			
Date of Birth:		Age on 9/1/2010	Sex: (circle one) M      F
Grade— Fall 2010:			
Allergies to drugs or food/ Allergies to animals:			
Any special needs, medication or pertinent information:			

## Annual Medical Release Form For On-Site Incidents

I/We the undersigned, parent(s) or legal guardian of \_\_\_\_\_, a minor, do hereby give consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment or procedures and hospital care which is deemed advisable by, and is suggested, recommended, prescribed, or directed by any physician or surgeon duly licensed to practice in the State of Georgia. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

Legal Guardian: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Medical Insurance Company: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_