



Saint Mary of the Visitation
Atrium of the Visitation
Registration for Ages 3-6

PARENT/GUARDIAN INFORMATION (Please Print Clearly)

Parent/Guardian First and Last Names: _____

Address: _____

Home Phone: _____ Cell/Emergency Phone: _____

Email: _____ It is fine to contact me by email re: updates.

We are registered as parishioners of St. Mary of the Visitation Parish.

CHILD/REN INFORMATION (Please Print Clearly)

Child's Name	M/F	Date of Birth	Age	Grade (if applicable)	School (if applicable)
1.					
2.					
3.					

ALLERGIES/MEDICAL CONDITIONS

Please let us know of any allergy or medical condition that we should be aware of in regards to your child

Child's Name	Allergy/Medical Condition

Registration Fee \$40.00 per child. No one will be turned away due to the inability to pay. If there is a concern, please contact the Parish Office at (519) 658-4443.

REQUEST TO PARTICIPATE AND BEHAVIOR AGREEMENT: I request my child be permitted to participate in the Atrium of the Visitation Program at St Mary of the Visitation Parish, Cambridge and hold harmless all volunteers and staff involved and agree to pay any damages which may be occasioned through the misconduct or carelessness of my son/daughter/ward to the person or property of any other party or parties. I also agree to photographs or video of my child being used for parish purposes.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____