

St Francis of Assisi Parish/St Philip Benizi Mission Retreat Registration Form 2026

PARENTS/GUARDIANS

Family's Last Name _____ Home Phone _____

Father's Name _____ Father's Day/Cell Phone _____ Text? Yes No

Mother's Name _____ Mother's Day/Cell Phone _____ Text? Yes No

Street Address _____ City _____ Zip _____

Mailing Address (if different from Street Address) _____ Email Address _____

Emergency Contact Name/Relationship _____ Phone _____
 (other than yourself)

Contributions: The Parish spends about \$30 per student for retreat food and supplies. Payment is **not** required for participation. However, contributions towards the cost of the retreat are greatly appreciated. If you would like to make a contribution please submit this form with cash or a check made out to St. Francis of Assisi Parish.

Yes, I would like to make a contribution and I have attached a check or cash in the amount of \$ _____

Other than those listed above, **who else may pick up your child?**

Child's Name	Gender	Age	Date of Birth

*Return to the Parish office or email is dre@stfrancishamilton.org

Medical Release and General Permission - St FRANCIS OF ASSISI PARISH/St PHILIP BENIZI MISSION 2025-2026

I (we) grant permission for the above children to attend Religious Education classes & other events. In the event of an emergency where the parent/guardian cannot be reached the child will be taken to the nearest medical facility. I (we) authorize any representative of St Francis of Assisi Parish/St Philip Benizi Mission, or the Diocese of Helena, to seek medical treatment for my child. I (we) relieve St. Francis/St. Philip parishes, the Diocese of Helena, and the St. Francis/St. Philip Religious Education program of all responsibility and consequences that may arise as the result of this treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

I (we) hereby release and hold harmless St Francis of Assisi Parish/St Philip Benizi Mission Religious Education Program, the Diocese of Helena and any/all of its employees and volunteers from all liability to my (our) child(ren) because of attending classes at St Francis of Assisi or St Philip Benizi, or at any sanctioned field trip/retreat.

Print Parent/Guardian Name _____

Signature _____ Date _____

Does your child have any special needs or medical problems we should know about? Please explain: _____