

Placement: \_\_\_\_\_

**Religious Education Registration**

Student's Name			Gender	Birth Date	Place of Birth	Grade
Last	First	MI	(M/F)	MM/DD/YY	City, State, Country	PK-12th
Sacrament	Sacrament Received Yes or No	Date MM/DD/YY	Church	City, State		
Baptism						
First Confession						
First Eucharist						
Confirmation						

Family Name: \_\_\_\_\_ Parish Member? Y/N: \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Street) (Apt.)

Contact Info: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Home Phone) (Cell / Other) (E-mail)

Father/Guardian: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (MI) (Phone)

Mother/Guardian: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Maiden) (MI) (Phone)

**Emergency Contact Information**

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Relationship) (Phone)
2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Relationship) (Phone)

<b>REGISTRATION FEES:</b>	<b>\$35.00– 1 Child</b>
	<b>\$40.00 – 2 Children</b>
	<b>\$45.00 – 3 or more</b>
<small>*Fees reduced/waived upon request</small>	

FOR OFFICE USE ONLY	
Reg Date: _____	No. of Children: _____
Fee Due: _____	Teacher: YES NO
Amt Paid: _____	Check # or Cash: _____

*Please Complete Reverse Side*



**Parish Contact Information**

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Phone: 361-358-3239  
 Fax: 361-358-4270  
 www.stjosephbeeville.org



## 2011-2012 CCE Parent/Guardian Permission & Liability Waiver

I, \_\_\_\_\_, grant permission for my son/daughter, \_\_\_\_\_  
Parent or Guardian's Name Child's Name

to participate in St. Joseph's Religious Education classes and activities. These activities will take place under the guidance and direction of parish employees and/or volunteers from St. Joseph's Church.

As a parent/guardian, I remain legally responsible for any personal actions taken by son/daughter named above.

I agree to hold harmless St. Joseph's Church, its officers, directors, agents, and the Diocese of Corpus Christi from any liability for illness or death arising from or in connection with my son's/daughter's attending the above named event.

### Medical Consent & Permission to Treat

To the best of my knowledge, my child, \_\_\_\_\_ is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

If you are unable to reach me, please contact:

Name: \_\_\_\_\_

Relationship to me or my son/daughter: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

My son/daughter is taking medication: \_\_\_\_\_

\*My son/daughter is allergic to the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date