



RELIGIOUS EDUCATION REGISTRATION

DATE: _____

STUDENT

Last Name _____ First _____ Middle _____

Gender MALE FEMALE **GRADE** _____ DATE of BIRTH ____/____/____

Place of Birth City _____ State _____ Country _____

Birth Parents

Father: First _____ Middle _____ Last _____

Mother First _____ Middle _____ Maiden _____

Has your child received: **YES** **OR** **NO** **If yes, Name of Church, City, State**

Baptism _____

Eucharist/First Holy Communion _____

Reconciliation/Confession _____

Confirmation _____

DID YOUR CHILD ATTEND RELIGION CLASSES LAST YEAR? _____ **WHERE?** _____

Head of Household/ Parent/ Guardian

Last Name _____ First _____ Middle _____

Cell Phone _____ Work Number _____ Ext. _____

Spouse/Parent/Guardian

Last Name _____ First _____ Middle _____

Cell Phone _____ Work Number _____ Ext. _____

Family Contact Information

Mailing Address _____

City _____ Zip _____

HOME PHONE _____

PLEASE COMPLETE PAGE 2 ON REVERSE SIDE

FOR OFFICE USE ONLY

REG DATE: _____ # CHILDREN _____ CHECK # OR CASH PAID: _____ FEE DUE: _____

SIBLINGS/NAME/GRADE/ _____



2019—2020 Religious Education 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 Church 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.

CIRCLE OF GRACE (Choose One)

_____ **I agree** to have my child participate in the Circle of Grace Safe Environment. **Program packet received.**

Initials

_____ **I decline** to have my child participate in the Circle of Grace Safe Environment. **Program packet received.**

Initials

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: _____

Cell Phone: _____ Alternate Number: _____

Insurance Carrier: _____ Policy Number: _____

My son/daughter is taking medication: _____

*My son/daughter is allergic to the following: _____

You should also be aware of these special medical conditions/Educational Needs of my child: _____

Parent/Guardian Signature

Date

Diocese of Corpus Christi Office of Evangelization and Catechesis

ST. JOSEPH CATHOLIC CHURCH
Religious Education Events/Activities 2019 - 2020

PHOTOGRAPHY/VIDEOGRAPHY CONSENT

Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual)

I _____, grant permission for my child, _____,

(name of parent/guardian)

Child's Name

to participate in the Religious Education Events and Activities to be held during the 2019 – 2020 School Year .

I agree on behalf of myself, my child's other parent, if known or living, _____

(name of child's other parent)

my child named herein, or our heirs, successors, and assigns, to release and hold harmless and defend the Diocese of Corpus Christi, the sponsoring parish (its pastor, youth minister, principal, volunteers, other agents, etc.) or any representatives associated with the scheduled activity from all damages, claims, suits, expenses and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, volunteers, and employees.

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date