

**Religious Education Program 2017 – 2018**  
**Registration Form – Complete One Per Child**  
**Please remember to ADVANCE your child's GRADE!**

<b>Office Use Only:</b>			
Date/Time Rec'd:	_____	_____	_____
Amount:	\$125	\$150	\$175
Teacher:	\$100	\$125	\$150
<input type="checkbox"/> Check #:	_____	<input type="checkbox"/> Cash	

Student's Full Name: \_\_\_\_\_ Circle one: MALE FEMALE

Family Name (if different than student's): \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's D.O.B. \_\_\_\_\_

1. Parent's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

2. Parent's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Child Resides With:  Both Parents  Father  Mother  Stepmother  Stepfather  Grandparents

*If the child does not live with both birth parents, also include birth parent information.*

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Send courtesy copies? \_\_\_\_\_

**\*\*Family E-Mail (please print):** \_\_\_\_\_

Other (Please specify): \_\_\_\_\_

1. Parent's Work Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Circle one: Mother Father Cell provider: \_\_\_\_\_ Okay to text: yes/no

2. Parent's Work Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Circle one: Mother Father Cell provider: \_\_\_\_\_ Okay to text: yes/no

Emergency Name/Relationship/Number: \_\_\_\_\_

**Student's Full Baptismal Name:** \_\_\_\_\_

**GRADE & SCHOOL as of September 2017:** \_\_\_\_\_

**LEVEL in Religious Education Program for September 2017:** \_\_\_\_\_

Does the student have any **Special Needs** (Physical, Learning Disability, Food Allergy, etc.)? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sacrament	Year	Church	City/State	Certificate Attached
<b>Baptized:</b>				___ Yes ___ No
<b>First Penance:</b>				___ Yes ___ No
<b>First Communion:</b>				___ Yes ___ No
<b>Confirmation:</b>				___ Yes ___ No

**OFFICE Notes Only:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# HEALTH HISTORY

*In order to help assure the well-being of our students we will need to know the following health related information for your child/children. Please read carefully the items listed below, and answer all questions. All forms must be signed for registration to be complete.*

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

## **SPECIAL HEALTH CONDITIONS**

If any of your children experience officially diagnosed ongoing **physical, mental, or emotional** health problems, such as **allergies, learning disabilities, fainting, convulsions, stomach upsets, frequent headaches, asthma or respiratory problems, high blood pressure, heart problems, possible reactions to medication, Asperger's, ADHD, or any other condition that we should know about**, please explain those conditions below. Explain any special restrictions on activities (including snacks) that this condition may necessitate. If you need more space, please attach an extra sheet, and, if possible, attach a note from your child's physician.

Condition: \_\_\_\_\_

Condition: \_\_\_\_\_

Condition: \_\_\_\_\_

Condition: \_\_\_\_\_

## **MEDICATIONS**

If your child is on medication, including insulin and/or medication for allergies, which must accompany the child to class or might affect his/her behavior, please attach a clearly written, signed note, including the name of the child, the name of the medication, and its purpose. Medications brought to class should be in their original containers with prescription and/or store labels. If special help is needed storing or administering this medication, please explain thoroughly in your note.

## **SIGNATURE/EMERGENCY WAIVER**

I have completed all parts of this registration form. I will exercise good judgment regarding my child's health, safety, and well-being, while participating in this program. In case of a life-threatening emergency, or any emergency in which I or those designated by me on this form cannot be contacted, I authorize the staff of the Office or Religious Education to call 911 or take any other action necessary for the safety of the child I have listed on this form.

**SIGNATURE PARENT/GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **Photo/Video Permission and Release Form**

I hereby grant permission, without reservation, to St. James Religious Education, and to those authorized by St. James Religious Education, to take photographs and to make recordings of my child or children named below, and to use them in original or modified form in all media now or hereafter known, (including, without limitation, websites, bulletins, newsletters and promotional brochures) with or without name or information, solely for the promotion, public education, and/or fundraising activities of St. James Religious Education.

I understand and agree that I am entitled to receive no compensation for the above.

I release St. James Religious Education, its officers, directors, agents, employees, independent contractors, licensees, and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that St. James Religious Education will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition.

I am the parent or guardian of the minor(s) named below, and I hereby consent to the foregoing on behalf of the minor(s) and myself.

Name(s) of Child/Children \_\_\_\_\_

My Name \_\_\_\_\_

\_\_\_\_\_  
(Signature)