

Religious Education Program 2018 – 2019
Registration Form – Complete One Per Child
Please remember to ADVANCE your child's GRADE!

Office Use Only:			
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
 Guardians Other _____

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 2018: _____

LEVEL in Faith Formation Program for **September 2018**: _____

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

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

OFFICE Notes Only: _____ _____
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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: _____

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 of Religious Education to call 911 or take any other action necessary for the safety of the child I have listed on this form.

DIOCESE OF ROCKVILLE CENTRE GUIDELINES

The Faith Formation program follows all guidelines and expectations required by the Office of Faith Formation for the Diocese including textbook and program material selections, Home Study guidelines, approved guest speakers, planned parent/guardian meetings, sacramental preparation requirements, VIRTUS training and background checks for volunteers.

Each year, every child enrolled in a Faith Formation program levels 1 – 6 in the Diocese will receive safety training by the use of the Child Lures Prevention Program, "Think First & Stay Safe." Parents/guardians will be given a Child Lures Prevention Handbook for the purpose of reviewing the topics that are taught to your child in an age appropriate way. The date of this training session will be noted in the Faith Formation calendar.

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)