

RELIGIOUS EDUCATION REGISTRATION FORM: 2017-2018

Grades 1-8

Family Last Name: _____

Street Address: _____

City: _____

Zip Code: _____

Father's First Name: _____

Cell Phone: _____

Mother's First Name: _____

Cell Phone: _____

Family Email: _____

Home Phone: _____

Please list any additional emails for communication: _____

Child One: _____ Grade: _____ Sex: _____

Birth Date: _____

School: _____

Sacraments Received: Baptism Reconciliation Eucharist

(Circle all that apply.)

Child Two: _____ Grade: _____ Sex: _____

Birth Date: _____

School: _____

Sacraments Received: Baptism Reconciliation Eucharist

(Circle all that apply.)

Child Three: _____ Grade: _____ Sex: _____

Birth Date: _____

School: _____

Sacraments Received: Baptism Reconciliation Eucharist

(Circle all that apply.)

Additional Information:

Is your child new to the Saint Rita Religious Education Program? Y or N

Please circle one.

Has your child had any form of Religious Education in another parish?

Explain: _____

Does your child have any food allergies? Y or N

Explain: _____

Statement of Release:

I hereby release and discharge the church from any and all claims from personal injuries or property damage that my son/daughter may suffer as a result of participation in Religious Education classes. Should it be necessary for my son/daughter to have medical treatment while participating, I hereby give the school personnel permission to use their judgment in obtaining medical service and I give permission to the physician selected by the school personnel to render treatment deemed necessary and appropriate by the physician. I also understand that the school does not assume responsibility for payment of the physician. I agree to relieve the school and other participating adults from any liability in connection with this request. In the event of an emergency, please list below two persons with phone numbers where they can be reached in the evenings should we be unable to get in touch with you.

Parent Signature

Date

Emergency Contact #1: _____

Phone: _____

Emergency Contact #2: _____

Phone: _____

For Office Use Only

- Check: _____
- Cash: _____
- Baptismal Certificate: _____
- Sacrament Fee: _____
- Special Notes: