

Saint Mary Catholic Church Youth Religious Education Registration Year: 2025-2026

Form Reviewed 08/08/25

Father's Name _____

Mother's Name _____ Mother's Maiden Name _____

Address _____
Street/PO Box City State Zip

Mother's Phone _____ Father's Phone _____

Please provide complete information for each child on the reverse side.

Liability Waiver: I, as parents/guardians of the minor(s) registered, hereby consent, and agree to hold harmless, Pastorate of St. Mary and St. Joseph Roman Catholic Churches and/or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with our child's/children's regular formation activity at the parish. I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge or adult chaperon(s) to secure proper treatment for my son/daughter.

☐ I AGREE with the above statement. ☐ I DO NOT AGREE with the above statement.

Media Waiver: At various times during the year, school, pastorate representatives, the Diocese of Lafayette-in-Indiana, partners/vendors of the diocese and a variety of media outlets request permission to film, video tape and photograph activities and events at pastorate events. They subsequently publish, broadcast or use these materials, which often include images and depictions of students/minors, as well as their work products. I CONSENT and allow my child to be filmed, videotaped and/or photographed for use by my school/pastorate/Diocese of Lafayette-in-Indiana and its partners and the media. I also allow my child's work product to be featured by the diocese.

☐ I AGREE with the above statement. ☐ I DO NOT AGREE with the above statement.

Communication Waiver: I understand that Flocknotes are used to communicate with family and/or high school students and agree to be added to the appropriate list(s) for my child(ren). Furthermore, I understand that in high school youth ministry, the use of social networking websites and tools, especially Flocknotes, Facebook, and Instagram may be used to effectively communicate with teens. I understand that I will be contacted when my teen(s) has registered for direct reception of communication. Ultimately, I am responsible for my children's communications, but I understand that these tools are used for the means of effective communication.

☐ I AGREE with the above statement. ☐ I DO NOT AGREE with the above statement.

As a responsible parent, I promise before God that I will participate in Mass every Sunday & Holy Day of Obligation. I promise that my child (children) will attend with me. I understand that this is one of the requirements for my child (children) to participate in the religious education program at St. Mary Roman Catholic Church.

Parent Signature _____ Date _____

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name: _____ Relationship: _____ Telephone: _____

Specific Medical Information:

Do any of your children have allergies (medications, food, etc.), physical limitations or medical conditions we should be aware of? Please list below with child's name.

Religious Education fees: \$40 each child \$75 two children
\$100 three or more children \$20 additional Sacrament fee

Please make checks payable to: St. Mary Religious Education

Office Use Only:
Amount Paid _____
Cash Check Number _____

Saint Mary Catholic Church Youth Religious Education Registration

Year: 2025-2026

Child's Full Name				Grade in Public School			
Date of Birth	Month Day Year	Place of Birth	City	State	Country		
Date of Baptism		Place of Baptism	Parish	City	State		
Received First Holy Communion	Yes/No	Where	Parish	City	State		
Has Your Child Celebrated Confirmation?	Yes/No	Date	Location				

Child's Full Name				Grade in Public School		
Date of Birth	Month Day Year	Place of Birth	City	State	Country	
Date of Baptism		Place of Baptism	Parish	City	State	
Received First Holy Communion	Yes/No	Where	Parish	City	State	
Has Your Child Celebrated Confirmation?	Yes/No	Date	Location			

Child's Full Name				Grade in Public School		
Date of Birth	Month Day Year	Place of Birth	City	State	Country	
Date of Baptism		Place of Baptism	Parish	City	State	
Received First Holy Communion	Yes/No	Where	Parish	City	State	
Has Your Child Celebrated Confirmation?	Yes/No	Date	Location			

Child's Full Name				Grade in Public School		
Date of Birth	Month Day Year	Place of Birth	City	State	Country	
Date of Baptism		Place of Baptism	Parish	City	State	
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Child's Full Name				Grade in Public School		
Date of Birth	Month Day Year	Place of Birth	City	State	Country	
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Has Your Child Celebrated Confirmation?	Yes/No	Date	Location			