

St. Francis Xavier Religious Education Registration Form
400 St. Francis Street PO Box 209 Stonewall, TX 78671
830-644-2368 stfrancisx@beecreek.net



Child's
Name: _____ Age: _____ Birthdate _____
Grade Entering: _____
Father's Name _____ Religion _____
Mother's Name _____ Religion _____
Mailing Address: _____ Phone: () _____
Cell Phone: _____ email: _____

Emergency Contact: _____ Relationship to child: _____
Address: _____ Phone: _____

List any health problems that may need to be addressed: _____

Sacraments (if new to St. Francis Xavier)

Baptism	Yes	No	Date: _____	Church: _____
Reconciliation	Yes	No	Date: _____	Church: _____
First Eucharist	Yes	No	Date: _____	Church: _____
Confirmation	Yes	No	Date: _____	Church: _____

MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this registration form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician listed below or the physician or dentist selected by the activity teacher to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by St. Francis Xavier Church through its accident policy will be used as a backup for what my family insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by St. Francis Xavier Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. Francis Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Child's Name: _____ Physician's Name: _____

Phone: () _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

Signature of Student (if over 18): _____ Date: _____

PROMOTIONAL ADVERTISEMENT AND MEDIA RELEASE

I give permission for my child's name and/or photograph to be used in the capacity of religious education advertising and/or media releases.

☐ Yes

☐ No