

For Office Use Only: Amount Paid: \_\_\_\_\_ Cash or check (circle) Check when complete: Registration /paid List\_\_\_\_ Checks payable to St. Mary

## **St. Mary Religious Ed Registration 2022-2023**

**Family Faith Formation: children age 3 - 5<sup>th</sup> grade**

**CCD: children in grades 6 - 12**

**FEES:** \$30 per child, maximum \$75 per family

**Amount Enclosed:** \$ \_\_\_\_\_

Non-registered members: \$40 per child or max \$100/family

LAST NAME OF FAMILY \_\_\_\_\_ Email: \_\_\_\_\_

Father /Guardian \_\_\_\_\_ Father's Religion \_\_\_\_\_

Mother \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone - Father/Mother (circle) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship to you \_\_\_\_\_ Contact Person's Phone # \_\_\_\_\_

**Please list ALL children in your household, ages 3 through high school, beginning with the youngest: (Fill out completely)**

	Last Name	First Name	Birthdate	Grade for 2022-2023 school yr. (Circle)	Baptized	Where Baptized	Received First Communion?	Confirmed?
1				Preschool TK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No
2				Preschool TK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No
3				Preschool TK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No
4				Preschool TK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No
5				Preschool TK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No
6				Preschool TK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No

**\*Preschool is for 3 & 4-year-old students that are not in TK at school.**

**Childcare:** Please list the **name** and **age** of each child that may be attending during Family Faith Formation:

**Name of Child(ren):** \_\_\_\_\_

-Please complete the additional information, which includes the Medical Information and Field Trip Waiver, on the back -

**For Office Use Only: *Check when complete:*** Youth & Young Adult Coordinator **if 6-12<sup>th</sup> gr.** \_\_\_\_ **CCD Organizer if 6th-12<sup>th</sup> gr:** \_\_\_\_

**MEDICAL MATTERS:**

I hereby warrant to the best of my knowledge the child/children I am registering is/are in good health and I assume all responsibility for the health of my child. In the case of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

**Parent or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In the event of an emergency, if you are unable to be reached at the numbers provided, whom should we contact?**

**Name of Emergency Contact** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**This person's relationship to my child/children:** \_\_\_\_\_ **Family Doctor:** \_\_\_\_\_

**Please list below any concerns that we should be aware of such as medical conditions, allergies, learning needs, handicaps, etc.**

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

**Field Trip Consent /Liability Waiver /Picture Waiver**

I grant permission for my child/children to participate in religious education and youth ministry events that require transportation to a location away from the parish site. Activities will take place under the guidance and direction of parish employees and/or volunteers from Holy Name Parish and/or St. Mary Parish. I understand that I will be given a description of the activity beforehand. I grant permission for my child/children to participate in photos and give Holy Name Parish and/or St. Mary Parish the right to publish them as needed.

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child/children. I agree on behalf of myself, my child/children named, my spouse and our heirs, successors and assigns, that for the benefit of Holy Name Parish and/or St. Mary Parish, its officers, directors and agents, and the Diocese of Sioux City, chaperones, and representatives associated with the event, that: We release and forever discharge them from any and all claims and causes of actions that we may have against them, arising in connections with the activities of the participant child while attending an event or in connection with any illness or injury or cost of medical treatment therewith, in so much as they have made reasonable efforts to maintain the safety of my child while in their care and my child has complied with all rules and instructions of the program.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By signing this form, I understand I will be given notice of all field trips but that this will be my permission form for the year. I will not have to fill out another permission slip for each event throughout the year for my child/children to go on field trips.**