

For Office Use Only: *Amount Paid:* _____ *Cash or check (circle)* *Check when complete:* Registration /paid List ___ Checks payable to Holy Name

Holy Name Religious Ed Registration 2023-2024

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

Amount Enclosed: \$ _____

Non-registered members: \$40 per child, maximum \$100 per family

LAST NAME OF FAMILY _____

Email: _____

Father /Guardian _____ Father's Religion _____

Mother _____ Mother's Religion _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone(s) - Father _____ Mother _____

Emergency Contact Person _____ Relationship to you _____ Contact Person's Phone # _____

Please list ALL children in your household, school age K through 12th grade, beginning with the youngest: (Fill out completely)

	Last Name	First Name	Birthdate	Grade for 2023-2024 school yr. (Circle)	Baptized	Where Baptized	Received First Communion?	Confirmed?
1				K 1 2 3 4 5 6 7 8 9 10 11 12	Yes No		Yes No	Yes No
2				K 1 2 3 4 5 6 7 8 9 10 11 12	Yes No		Yes No	Yes No
3				K 1 2 3 4 5 6 7 8 9 10 11 12	Yes No		Yes No	Yes No
4				K 1 2 3 4 5 6 7 8 9 10 11 12	Yes No		Yes No	Yes No
5				K 1 2 3 4 5 6 7 8 9 10 11 12	Yes No		Yes No	Yes No
6				K 1 2 3 4 5 6 7 8 9 10 11 12	Yes No		Yes No	Yes No

K-6th grade classes will be held afterschool on Wednesday's; 2:15pm snack, 3:00-4:00pm class

7th-12th grade classes will be held Wednesday nights from 7:00-8:15pm

****Please see religious education calendar and bulletin for class schedule throughout the year.**

-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 6-12th gr.** ____ **CCD Organizer if 6th-12th 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.