MISSION SAN JOSE CHURCH
Religious Education Classes Registration Form
2025 – 2026

Enrollment Status: New Student_____ Returning Student ____

Student: _____ **Grade:** _____

Age: _____ **Date of Birth:** _____ **Male**: _____ **Female:** _____

Address: _____ **Zip Code:** _____

Mother's Name: _____ **Cell #:** _____

Email_____

Father's Name: _____ **Cell #:** _____

Email_____

EMERGENCY/ALTERNATE CONTACTS - Authorized to pick-up child (children) throughout the year including routine discharge and emergencies:

Name: _____ ***Relationship*** _____ ***Phone #:*** _____

Name: _____ ***Relationship*** _____ ***Phone #:*** _____

REQUIRED DOCUMENTS

Copy of Birth Certificate _____ Copy of Baptism Certificate _____ Copy of First Communion _____

If your child has any significant learning needs the require us to make reasonable accommodations so the child may experience the fullness of their catechetical learning, please let us know by written request.
*****Our Confirmation Preparation is a two-year program which includes one year of religious education and one year of Confirmation Preparation. If the year of religious education was not completed at Mission San Jose, we will need a letter from the previous church to enroll in Mission San Jose Confirmation Program.*****

CHILD: _____ **DOB:** _____

AUTHORIZATIONS FOR:

PHOTOGRAPHS

I, hereby **GRANT / DECLINE (circle one)** permission for my child / children named on this form to be photographed and/or videotaped during Faith Formation activities and events, and for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast (newspaper, church bulletin, church website, for the purpose of promoting Mission San Jose Church.

MEDICAL CARE

In the event of an emergency, **I do / I do not (circle one)** give my permission for an emergency medical vehicle to transport my child/children to a hospital for emergency treatment.

I do / I do not (circle one) authorize the hospital, hospital staff, or the doctor named below to treat my child/children.

Name of Physician: _____Physician's Phone_____
Preferred Hospital: _____
Insurance Carrier: _____ Policy Number _____

List special medical conditions, allergies, and/or medications that we need to be aware of concerning your child**.** _____

As parent or legal guardian of the children named on this form, I agree on behalf of myself, my son(s) / daughter(s) named on page one, our heirs, successor and assigns, to hold harmless and defend **Mission San Jose Church**, its officers, directors, agents, and the **Archdiocese of San Antonio** from any liability for illness, injury, or death arising from or in connection with the attendance of my son(s) / daughter(s) at the Religious Education (CCD) classes, and I agree to compensate the parish, its officers, directors, and agents, and the **Archdiocese of San Antonio**, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Parent / Guardian Signature: _____ Date:_____

Do not write below this line.

Payment History (FOR OFFICE USE ONLY)

Registration Fee: $50 per child		**Non-refundable after classes start**	
Sacrament Retreat Fee: $20 per sacrament		**Non-refundable after classes start**	
Paid In Full (***YES / NO***) Balance	Payment **$**	Cash/ Check/ Credit Card	
Notes:		Check No.	Receipt Number: