

Sacred Heart Religious Education Registration Form 2016-2017

Hoja de Registro para la Educación Religiosa 2016-2017 – Sagrado Corazón

Family Last Name/APELLIDO de la Familia _____

Address/Dirección _____ Phone/Teléfono _____

Mother's Name /Nombre de la Mamá _____

Father's Name /Nombre del Papá _____

Email Address/Correo Electrónico _____

| Student's First and Last Name Nombre y Apellido del Esudiante | Grade in September 2016 Grado al que asistira en Septiembre 2016 | Where Baptized? Donde Se Bautizó | I would like my child to be considered for the following sacraments. Me gustaría que mi hijo ser considerado para el siguiente sacramentos. |
|--|--|-------------------------------------|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Enrollment and regular attendance, for two years in Religious Education Program, are required for any student wishing to be considered for Sacramental Preparation / Inscripción y asistencia regular, desde hace dos años en el Programa de Educación Religiosa, se requieren para cualquier estudiante que desee ser considerado para la Preparación Sacramental

Religious Education/Youth Ministry Fees:

Cuotas: Educación Religiosa/Ministerio de Jóvenes:

\$35 one student \$65 two students \$90 Three or more students **Total Fees** _____
 un estudiante dos estudiantes Tres ó mas esudiantes

Pre-K is for students who are 4 years old by September 1, 2016
 Pre-Kinder es para estudiantes que tienen 4 años o más para el 1 de Septiembre, 2016

Students in grade 2-12 can apply for First Holy Communion preparation
 Los estudiantes en los grados 2-12 pueden aplicar para la preparación de Primera Comunión

Students in grades 6-12 can apply for Confirmation preparation/Los estudiantes en los grados 6-12 pueden solicitar preparación para la Confirmación

Classes start on Sundays, September 2016/Los clases dan inicio el Domingos Septiembre, 2016

**Authorization for Emergency Medical Treatment and Release of All Claims
(Child or Youth under 18)**

Student's Name _____ Birthdate _____ Sex: M F cell phone _____
Student's Name _____ Birthdate _____ Sex: M F cell phone _____
Student's Name _____ Birthdate _____ Sex: M F cell phone _____
Student's Name _____ Birthdate _____ Sex: M F cell phone _____

Home Address: _____
Home Phone: _____
Father/Guardian _____ Cell/Work Phone _____
Employer _____
Mother/Guardian _____ Cell/Work Phone _____
Employer _____ Cell/Work Phone _____
Emergency Contact: _____ Phone _____

I would like parish related text messages on my cell phone for student activities YES NO

I give my consent for the administration of any emergency treatment deemed necessary by a registered nurse, a licensed physician or dentist; and the transfer of the minor to any hospital reasonably accessible when medically necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

Family Physician: _____ Phone: _____
Family Dentist: _____ Phone: _____
Do you have medical/hospital insurance? Yes No
If yes: Company _____ Policy/Group # _____

Food/Drug Allergies: _____

Any Medical Condition? _____

Are student(s) taking any medication prescribed by a doctor now? Yes No
If yes, please list: _____

Release of All Claims:

In consideration for the permission granted to the above named student by SACRED HEART CATHOLIC PARISH to participate in RELIGIOUS EDUCATION/YOUTH MINISTRY CLASSES or as a RELIGIOUS EDUCATION/YOUTH MINISTRY VOLUNTEER, I hereby release the Bishop of the Diocese of Baker, the Diocese of Baker, Sacred Heart Catholic Parish, its agents and employees from all action, causes of action, or damages claims, demands which I, my heirs, executors, administrators, or assigns may have against the Diocese of Baker and other above described parties, for all personal injuries or to their claims for relief known or unknown which said child or ward has or may incur by participating in the above described activity and which would normally occur as an assumed risk or participating in said activity. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

I give permission for my students to be photographed for Parish purposes only. YES NO

I give permission for my junior high or high school student to receive parish related text messages YES NO

Adult/Parent/Guardian Signature _____ date _____