

SAINT FRANCIS XAVIER & SAINT WENDEL PARISHES
RELIGIOUS EDUCATION REGISTRATION FORM
 PRE-KINDERGARTEN – GRADE 12

*Age 4 Group: We will follow the same age grouping as used in the Posey County Public School system. To prevent this age group from repeating a year (having the same textbook and teacher twice) we are requesting that the Pre-Kindergarten child be age 4 by August 1 of this year.

*High School: Students participating in the Confirmation preparation program need to fill out a separate Confirmation registration form. Catholic School or Identity Project students who do not wish to attend our Sunday morning Parish Religious Ed classes do not need to complete this Religious Ed registration form.

*New Families: Please include a copy of baptism certificates for all children being enrolled as well as information about prior religious education in which all children have participated (i.e., where, what grades/years, etc.). RE Fees are covered by our parishes. **One sheet per family for registration. Thank you!**

FAMILY INFORMATION

PARENTS NAMES _____ Parish _____

Mailing Address _____ City _____

State _____ Zip Code _____ Home Phone _____

E-Mail Address _____

*Please list the children according to their grade level beginning with the lowest which is Pre-Kindergarten.

<u>STUDENT</u>	<u>BIRTH DATE</u> MO/DA/YR	<u>GRADE</u>	<u>SCHOOL</u>	<u>*SACRAMENTS RECEIVED</u> (if app) Date & Place of Bapt / 1 st Comm / Conf	
_____	_____	_____	_____	_____	Y or N / Y or N
_____	_____	_____	_____	_____	Y or N / Y or N
_____	_____	_____	_____	_____	Y or N / Y or N
_____	_____	_____	_____	_____	Y or N / Y or N
_____	_____	_____	_____	_____	Y or N / Y or N
_____	_____	_____	_____	_____	Y or N / Y or N

Name of Person/Persons authorized to pick up your child or children:

Name of Person/Persons **NOT** authorized to pick up your child or children:

***Please complete medical form on reverse side.**

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Medical Matters: Please include the children on this medical form that you enrolled on the registration form on the reverse side.

Emergency Medical Treatment: In case of accident or serious illness, I request the Director of Religious Education or Religious Education staff to contact me. If I cannot be reached, I hereby authorize the aforementioned to make whatever arrangements the circumstances allow. It is understood and agreed that neither the parish, Pastor, the Religious Ed staff, it's volunteers, or the Catholic Diocese of Evansville are the insurer of my children's health and safety while they are at Religious Education classes or engaged in parish-supervised activities. I understand it is my obligation to provide such insurance, as I may desire to purchase, to protect myself and my children against the cost of sickness or injury. If the above named child(ren) need emergency medical treatment and neither a parent or the designated family physician can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Number where I can be reached before/during Religious Education _____

(The above number may be used if classes are cancelled, and/or in case of an emergency)

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name (s) _____

Relationship (s) _____ Phone (s) _____

Doctor _____ Phone _____

Insurance Co. _____

Hospital Preference _____

Specific Medical Information: Please give the name of the child named above that each of the following pertains to.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus: _____

Any physical limitations? _____

You should also be aware of these special medical conditions of my child: _____

Waiver and Release: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child(ren). Further, I acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I agree to be bound by the terms and conditions set forth in those documents (copies available via www.evansville-diocese.org/youth/forms). I acknowledge and understand that any action on behalf of my/our child(ren)/dependent(s) that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

Parent Signature: _____

Date: _____