

## St. Patrick's Religious Education Registration

**Mother's Name:** \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Religion: \_\_\_\_\_  
Address: (if different than Mother's) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**Child 1** ~ Full name and nickname (if any): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Complete as applicable:

Baptism: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
First Reconciliation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
First Communion: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
Confirmation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_

2014/15 Grade: \_\_\_\_ 2015/16 Grade: \_\_\_\_ 2016/17 Grade: \_\_\_\_ 2017/18 Grade: \_\_\_\_ 2018/19 Grade: \_\_\_\_

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**Child 2** ~ Full name and nickname (if any): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Complete as applicable:

Baptism: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
First Reconciliation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
First Communion: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
Confirmation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_

2014/15 Grade: \_\_\_\_ 2015/16 Grade: \_\_\_\_ 2016/17 Grade: \_\_\_\_ 2017/18 Grade: \_\_\_\_ 2018/19 Grade: \_\_\_\_

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**Child 3** ~ Full name and nickname (if any): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Complete as applicable:

Baptism: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
First Reconciliation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
First Communion: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
Confirmation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_

2014/15 Grade: \_\_\_\_ 2015/16 Grade: \_\_\_\_ 2016/17 Grade: \_\_\_\_ 2017/18 Grade: \_\_\_\_ 2018/19 Grade: \_\_\_\_

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**Child 4** ~ Full name and nickname (if any): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Complete as applicable:

Baptism: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
First Reconciliation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
First Communion: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
Confirmation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_

2014/15 Grade: \_\_\_\_ 2015/16 Grade: \_\_\_\_ 2016/17 Grade: \_\_\_\_ 2017/18 Grade: \_\_\_\_ 2018/19 Grade: \_\_\_\_

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**Child 5** ~ Full name and nickname (if any): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Complete as applicable:

Baptism: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
First Reconciliation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
First Communion: Date: \_\_\_\_\_ Parish: \_\_\_\_\_  
Confirmation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_

2014/15 Grade: \_\_\_\_ 2015/16 Grade: \_\_\_\_ 2016/17 Grade: \_\_\_\_ 2017/18 Grade: \_\_\_\_ 2018/19 Grade: \_\_\_\_

Please verify all information is correct, updating as necessary. Then sign below:

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2015/16: \_\_\_\_ 2016/17: \_\_\_\_ 2017/18: \_\_\_\_ 2018/19: \_\_\_\_ 2019/2020: \_\_\_\_

## St. Patrick's Religious Education Registration

**Child 1 Name:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Specific Needs/Medical Conditions: \_\_\_\_\_

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**Child 2 Name:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Specific Needs/Medical Conditions: \_\_\_\_\_

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**Child 3 Name:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Specific Needs/Medical Conditions: \_\_\_\_\_

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**Child 4 Name:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Specific Needs/Medical Conditions: \_\_\_\_\_

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**Child 5 Name:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Specific Needs/Medical Conditions: \_\_\_\_\_

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If neither parent is available, please provide the information of at least **two local** people we could call in the event of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### MEDICAL RELEASE

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you carry medical/hospital insurance? (Circle one) YES NO

If yes, please indicate:

Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### RELEASE OF ALL CLAIMS

In consideration of permission granted to the above named by St. Patrick's parish to participate in CCD and related activities, I hereby release the Bishop of the Diocese of Baker, the Diocese, St. Patrick's parish, its agents and employees from all action, causes of actions, 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 other claims for relief known or unknown which said child or ward has or may incur by participating in the above described activity/event and which would normally occur as an assumed risk of participating in said activity or activities. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDIA RELEASE

During the course of the school year, photos / videos may be taken for use in the parish bulletin, webiste etc. I give permission for my child/ren to be photographed/videotaped.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_