

Wed 6-7:15 pm (English)

Sat 9:10:15 am (Bilingual)

(circle one) Year 1

Year 2

older student

(needs sacraments)

Grade

ST. RAPHAEL'S RELIGIOUS EDUCATION PROGRAM  
REGISTRATION FORM (2009-2010)

Student Name:

\_\_\_\_\_  
(Last) (First) (Middle) (Name Used)

Birthplace of student:

\_\_\_\_\_  
City, State (& country if outside USA)

Birth Date:

\_\_\_\_\_  
MM/DD/YY

Name of School Attending

\_\_\_\_\_

2009-2010 School Year

Age of Child:

\_\_\_\_\_

Grade

Gender:

Male

Female

Home Address

\_\_\_\_\_  
(Street) (City) (Zip Code)

Phone Numbers

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Father's Work Phone)

\_\_\_\_\_  
(Mother's Work Phone)

\_\_\_\_\_  
(Other Phone No.)

\_\_\_\_\_  
(Father's Cell Phone)

\_\_\_\_\_  
(Mother's Cell Phone)

Father's Name

(Biological/Legal)

\_\_\_\_\_  
(Last) (First)

Mother's Name

(Biological/Legal)

\_\_\_\_\_  
(Last) (First)

\_\_\_\_\_  
(Mother's Maiden Name)

Student Lives with:

(Check one)

\_\_\_\_\_  
Both Parents

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Other (explain)

MEDICAL PRECAUTIONS

\_\_\_\_\_  
Allergies, Medical Conditions, Inclusion in Special Education Classes at School

DOCTOR/CARE CENTER

\_\_\_\_\_

PHONE

\_\_\_\_\_

PARISH WHERE REGISTERED

\_\_\_\_\_

Any correspondence regarding this student should be addressed to:

\_\_\_\_\_

Parent's Religion:

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

Sacrament Record - COPY OF BAPTISMAL RECORD NEEDED.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Baptism - Date

\_\_\_\_\_

Church:

\_\_\_\_\_

Church Address

Office Use:

Birth Certificate provided

\_\_\_\_\_

Please complete the other side.

## ST. RAPHAEL'S RELIGIOUS EDUCATION PROGRAM REGISTRATION FORM (2009-2010)

Student Name:

(Last)	(First)	(Middle)	(Name Used)

**Persons authorized to be notified in case of an emergency or to pick up child in the absence of the parent:  
(Other than the Parents or Guardians)**

Name	Relationship to Child	Home Phone	Cell/Work Phone

I, the parent (guardian) of the above name child, hereby, give my permission for his/her participation in the Religious Education and Youth Ministry Programs of St. Raphael's Parish. I agree to direct my child to cooperate and conform with directions and instructions of Parish, School, or Archdiocesan personnel responsible for youth activities.

I agree that in the event my child is injured as a result of his/her participation in the above named program or youth activities including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the Parish, School, or Archdiocesan youth activity program, or any of its agents or employees, recourse for the payment of any resulting medical or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity of this program.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

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

I understand that from time-to-time Youth Ministry may wish to publish activity and event photos of participants on the Youth Ministry and/or Parish websites. I acknowledge that our Youth Ministry and Parish web site content is not private and can be reviewed, copied downloaded and transmitted by anyone with access to the Internet and that these programs have no control over this.

I hereby waive, release, and forever discharge any and all claims, demands or causes of action against the parish and its staff, agents, contractors and any other person, organization or entity assisting them in connection with the posting of information on the web site for damages or injuries in any way related to, connected to or arising from the publishing or posting of information on these Internet web sites or the use of that information and expressly assume the risk of any injury or damage resulting from said posting of information on the web site.

I further understand and agree that this authorization remains in effect until such time as it is withdrawn in writing. I understand that if I change my mind relating to this authorization and any pictures containing my child will be removed from said web site(s).

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

<b>PAYMENT INFORMATION:</b>																		
<table style="width: 100%;"> <tr> <td style="width: 40%;">Amt.</td> <td style="width: 10%; border-bottom: 1px solid black;"></td> <td style="width: 50%;"><b>Fee is \$60.</b></td> </tr> <tr> <td>Check #</td> <td style="border-bottom: 1px solid black;"></td> <td></td> </tr> <tr> <td>Date</td> <td style="border-bottom: 1px solid black;"></td> <td></td> </tr> </table>	Amt.		<b>Fee is \$60.</b>	Check #			Date			<table style="width: 100%;"> <tr> <td colspan="2">If 1st Communion in May 2010 an additional \$25.00 is required.</td> </tr> <tr> <td style="width: 40%;">Amt.</td> <td style="width: 60%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Check #</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Date</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	If 1st Communion in May 2010 an additional \$25.00 is required.		Amt.		Check #		Date	
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