

Holy Name Religious Ed Registration Please return to the parish office with payment by June 1, 2016

Family Faith Formation - children age 3 thru 6th grade

CCD - children in grades 7 thru 12

For Office Use:
Paid: \$ _____
Date: _____

FEES: \$25 per child, maximum \$60 per family / \$25 por cada niño/a o \$60 por familia Amount Enclosed: \$ _____

Non-registered families: \$40 per child or max \$65/family Non-registered familia: \$40 por cada niño o \$65 por familia

Total No. of LL (3 yr old-PreK) Activities Needed _____ **Total No. of BK (K-6) Activities Needed** _____

What type of packet do you want(circle): Spanish (Español)/English (Ingles)/Both (los dos)

LAST NAME OF FAMILY/APELLIDO DE FAMILIA _____

Father /Guardian/padre _____ Father's Religion (religión del padre) _____

Mother/madre _____ Mother's Religion (religión de la madre) _____

Parents' Marital Status (Circle): Sacramental Marriage Civil Marriage Single Divorced Widowed
 (Marque con un circulo) (Casado por la iglesia) (Casado por lo civil) (Soltero/a) (Divorciada/o) (Viudo/a)

Home Address (Dirección) _____ City (Ciudad) _____ Zip Code _____

Home Phone(telefono a casa) _____ Cell Phone(s)(# de celular) _____ Email: _____

Please list ALL children in your household, ages 3 through high school, beginning with the youngest: (Fill out completely)
(Por favor escribe los nombres de todos sus niños, edad 3 hasta escuela secundaria, empezando por el menor. Llene todo.)

	Last Name/Apellido	First Name/ Nombre de Pila	Birthdate/Fecha de Nacimiento	Age <u>or</u> Grade 2016-2017 school yr. (Circle)	Baptized Fecha de Bautismo	Where Baptized Iglesia del Bautismo	Received First Communion?	Confirmed?
1				3 yr 4 yr PreK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No
2				3 yr 4 yr PreK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No
3				3 yr 4 yr PreK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No
4				3 yr 4 yr PreK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No
5				3 yr 4 yr PreK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No
6				3 yr 4 yr PreK K 1 2 3 4 5 6 7 8 9 10 11 12	Yes(si) No		Yes(si) No	Yes(si) No

****Only circle PRE-K if your child is in Pre-school or TK at school; if they are not, please circle their age of 3 or 4 years old, so they are in the correct class****

Please list the name and age of each child you will need childcare for during Family Faith Formation: _____

-Please complete the Medical Information and Field Trip Waiver on the back of this form-

MEDICAL MATTERS:

I hereby warrant to the best of my knowledge the child/children I am registering is/are in good health and I assume all responsibility for the health of my child. In the case of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent or Guardian's Signature: _____ **Date:** _____

In the event of an emergency, if you are unable to be reached at the numbers provided, whom should we contact?

Name of Emergency Contact _____ **Telephone Number:** _____

This person's relationship to my child/children: _____ **Family Doctor:** _____

Please list below any concerns that we should be aware of such as medical conditions, allergies, learning needs, handicaps, etc.

Field Trip Consent & Liability Waiver

I grant permission for my child/children to participate in religious education and youth ministry events that require transportation to a location away from the parish site. Activities will take place under the guidance and direction of parish employees and/or volunteers from Holy Name Parish and/or St. Mary Parish. I understand that I will be given a description of the activity beforehand.

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child/children. I agree on behalf of myself, my child/children named, my spouse and our heirs, successors and assigns, that for the benefit of Holy Name Parish and/or St. Mary Parish, its officers, directors and agents, and the Diocese of Sioux City, chaperones, and representatives associated with the event, that: We release and forever discharge them from any and all claims and causes of actions that we may have against them, arising in connections with the activities of the participant child while attending an event or in connection with any illness or injury or cost of medical treatment therewith, in so much as they have made reasonable efforts to maintain the safety of my child while in their care and my child has complied with all rules and instructions of the program.

Parent or Guardian Signature: _____ **Date:** _____

By signing this form, I understand I will be given notice of all field trips but that this will be my permission form for the year. I will not have to fill out another permission slip for each event throughout the year for my child/children to go on field trips.