

Saint Patrick Catholic Church

Religious Education Registration 2011-2012

ONE FORM PER FAMILY

Date: _____

Father's Name _____ Mother's Name _____
Last, First Name Last, First Name

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Work Phone _____
Mother's Father's

E-Mail Address: _____ Cell Phone: _____ Cell Phone: _____
Mother's Father's

Student resides with (Check one): Both Parents Guardian Mother Father

If student's last name differs from guardian, please indicate name: _____

I am a registered parishioner of St. Patrick Church. Circle one: Yes No

Did your student attend R.E. classes at St. Patrick last year? Circle one: Yes No

If not where did your student attend classes last year? _____

Additional information that would help us meet the needs of your child(ren):

Student Name 3yrs to 12th grade	Male or Female	Date of birth	Grade in Sept 2011	Sacraments received: list date(s)			
				Baptism	Penance	Eucharist	Confir- mation

ATTENTION PARENTS, the religious education program for this parish is 100% volunteer. Monies pay for books and supplies. Your roles include bringing your children to Sunday Mass, modeling Christian behavior, and volunteering in some role in the parish.

Catechist Substitute Teacher Snacks Fund Raiser
 Pro-Life Family Advent Event Family Lenten Event
 Family Fun Publicity Teacher Appreciation

PLEASE COMPLETE MEDICAL RELEASE ON BACK

Religious Education Class Schedule & Cost:

\$25.00/child or \$40.00/2 or more children for parishioners

\$50.00/child or \$75.00/2 or more children for non-parishioners

Preschool: 3 and 4 year olds

Sunday mornings 8:30-9:45

Elementary: Kindergarten-6th

Middle School: 7th&8th

High School: 9th -12th Grade

Sunday evenings 6-8 PM

****First Communicants are required to submit a copy of their baptismal certificate upon registration.***

Medical Release 2011-2012

I/We the undersigned parents(s) or legal guardian(s) of: (list each child's name)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

As a parent or guardian of the child named above, I request my child/ward to be a participant in the Religious Education program and/or Vacation Bible School, and/or Youth activities at St Patrick Church. In case of medical or other emergency, I hereby give permission to the physician selected by the catechist, director of religious education, or other supervising adult in this religious education programs, or his/her representatives, to secure medical care and treatment for my child/ward named above. I also release the supervising adult and his/her representatives, and St. Patrick Church and the Catholic Diocese of Tulsa from all responsibility for any liability arising out of any illness or accident, which may be sustained by my child/ward during their care. I understand that reasonable efforts will be made to contact me immediately in the event that something unforeseen happens that needs my immediate attention, but if the supervising adult or his/her representatives are unable to contact me, I hereby authorized them to grant any medical or legal authority which I could grant if personally present in any emergency or urgent situation affecting my child/ward. On behalf of myself, my heirs, assigns, executors and personal representatives, I release, hold harmless and discharge forever the supervising adult, St Patrick Church and the Catholic Diocese of Tulsa employees, sponsors, catechists, and affiliates from any and all liability, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the organization and execution of the aforementioned class or activity. I also do give permission for my child to be photographed or videotaped during his/her participation in any of these programs.

Signature of

Parent/Guardian _____ **Date** _____

Other Contacts for Emergency Phone Numbers

Name	Phone number	Relationship