

Date of enrollment: \_\_\_/\_\_\_/\_\_\_

## St. Patrick's Religious Education Permanent Record Card 2011-2015 All Faith Formation Programs

Name of Parishioner Registering Child (Parent/Guardian) Relationship to Child Envelope #

Student's: **Last** name First name Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of School attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
Has your child ever attended religion classes or Catholic/Christian School in the past? \_\_\_ YES \_\_\_ NO  
If yes, \_\_\_\_\_  
Name of Church or School City, State Number of years

My Child Needs the following (Please circle **all** that apply.):

Religious Classes	Baptism	1 <sup>st</sup> Communion	Confirmation	Youth Group
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Child's date of Baptism: \_\_\_/\_\_\_/\_\_\_ **You must provide a copy of the certificate no later than Dec. 1<sup>st</sup>!**  
Church of Baptism: \_\_\_\_\_ Catholic \_\_\_ Yes \_\_\_ No  
Address (full): \_\_\_\_\_  
City, State Zip Code

Date of 1<sup>st</sup> Communion: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_  
Date of Confirmation: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

**God Parents:** \_\_\_\_\_ **Confirmation Sponsor:** \_\_\_\_\_

Enrollment will not be refused based on economic hardship.

**Office Use:** CIC \_\_\_ Yes \_\_\_ No  
Total Fees Due \$ \_\_\_\_\_ Paid: \_\_\_\_\_ Bill: \_\_\_ Payment Plan: \_\_\_ (# of Payments \_\_\_) Tuition Assistance: \_\_\_\_\_

**Tuition:** Please note tuition covers fees associated with sacramental catechesis and training for our teachers.  
**Religious Education:**  
*Per Child* \$55  
**Additional:**  
CIC \$20  
1<sup>st</sup> Communion \$25  
Confirmation \$110.00  
**Youth Group Dues** \$25  
**Jr. Youth Dues** \$20.00  
**Out of Parish:**  
**\$15 per child**

— TURN OVER —

# St. Patrick's Religious Education Permanent Record Card

## Part 2

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ *If Catholic, do you have all sacraments? Yes No*  
*If no, circle what you are missing? Baptism I<sup>st</sup> Communion Confirmation Would you like to prepare? Yes No*  
*Are you married by a priest in the Catholic Church? Yes No*  
Occupation: \_\_\_\_\_ Phone: (w/c) \_\_\_\_\_ / \_\_\_\_\_ (h) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_ *If Catholic, do you have all*  
*sacraments? Yes No If no, circle what you are missing? Baptism I<sup>st</sup> Communion Confirmation Would you like to*  
*prepare? Yes No Are you married by a priest in the Catholic Church? Yes No*  
Occupation: \_\_\_\_\_ Phone: (w/c) \_\_\_\_\_ / \_\_\_\_\_ (h) \_\_\_\_\_

**With whom does the child reside** (Name & Phone # if different than above) ? \_\_\_\_\_

**Who will be responsible for the child's participation in this program & # ?** \_\_\_\_\_

**Who is permitted to drop off/pick up this child? (Please list all, as only they will be permitted to pick-up a child without a note from parents) (Also Note if child is permitted to walk/ bike to or from classes!** \_\_\_\_\_

### Activity Release

I, \_\_\_\_\_, the undersigned, as parent or legal guardian of \_\_\_\_\_ consent for my child to participate in parish sponsored activities held at St. Patrick's Parish. Any other offsite activities will be approved with a separate Parent Consent Form. In the event of an emergency medical need, I hereby give permission to arrange arrange for medical/dental services. I agree that any such expense will be my obligation. Permission to transport my child for treatment is hereby granted.

I do hereby release and hold harmless the St. Patrick's Parish and its agents, officers, directors, employees and volunteers, the Diocese of San Diego, the Augustinian Order and all its members (collectively, the "Released Parties") from any and all claims or liability resulting from or in a manner arising out of any and all harm, injury or damage to me, my spouse, any of my children, my property or the property of any of my children, which may occur due to my child's participation in activities on the premises or elsewhere or the transportation connected with these activities. *In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification and promise not to sue does not apply to claims of criminal conduct or gross negligence. This Activity Release is revocable prospectively only by writing signed by me, which bears the date that the revocation is delivered to the Parish.*

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

Medical Matters: I do hereby warrant to the best of my knowledge that my child is in good health and I assume all responsibility for the health of my child. Family Physician/Dentist & Phone #'s: \_\_\_\_\_

Authorized Medications: \_\_\_\_\_ Emergency Contact Other than Parent & #: \_\_\_\_\_

Any special considerations for child (food, medication, allergies, etc.): \_\_\_\_\_