

Date of enrollment: ___/___/___
Update: ___/___/___, ___/___/___

St. Patrick's Religious Education Permanent Record Card

2010-2013 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: _____ E-mail: _____

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 1st Communion Confirmation Youth Group

Child's date of Baptism: ___/___/___ **You must provide a copy of the certificate within 2 weeks!**

Church of Baptism: _____ Catholic ___ Yes ___ No

Address (full): _____
Street City, State Zip Code

God Parents: _____ **Confirmation Sponsor:** _____

Date of 1st Communion: ___/___/___ Church Name: _____ City, State: _____

Date of Confirmation: ___/___/___ Church: _____ City, State: _____

Additional Notes: _____

Tuition: Please note
tuition covers fees
associated with
sacramental catechesis
and training for our
teachers.

Religious Education:
Per Child \$55
Confirmation \$95.00
Additional Fees:
CIC \$20
1st Communion \$20
Youth Group Dues \$25
Jr. Youth Dues \$20.00

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: _____

— TURN OVER —

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Part 2

Father's Name: _____ Religion: _____ *If Catholic, do you have all sacraments? Yes No*
If no, circle what you are missing? Baptism Ist 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 Ist 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 Name & #? _____

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 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.): _____