

Year: 20_____ - 20_____

St Brigid Catholic Church
807 Crafton St. Tahlequah, OK 74464
(918) 456-8388

Religious Education Registration Form

Student Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip _____

Email address: _____ School grade: _____

Mother's name: _____ Phone #: _____

Father's name: _____ Phone #: _____

Student resides with: Both parents____ Legal Guardian____ Mom only____ Dad only____

Did student attend religious education classes last year? _____

If **yes**, where? _____

Does student have any special needs? _____

<u>SACRAMENTS RECEIVED</u>			
	<u>Baptism</u>	<u>First Communion</u>	<u>Confirmation</u>
Date:			
Church:			
City:			
State:			

*The Diocese of Tulsa requires that each Parish Religion Program and Catholic School includes in its curriculum the VIRTUS: Empowering Children and Youth Program. Two lessons are taught each year for children beginning with the Kindergarten class. St. Brigid is required to file an attendance report for the program to the Diocese of Tulsa at the end of each school year. Parents are provided an opportunity to preview the lessons before they are presented in the classroom. Copies of lessons are available for home use. Notify the Rel. Ed. Coordinator if you are interested in receiving copies of the lessons. *

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Religious Education Medical Release Form

I /We the undersigned parent(s) or legal guardian of:

(Student name):_____

do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist/or hospital service that may be rendered to said minor under the general, specific or special request of Carolina Landaverde or person working on her behalf.

This consent will remain in effect from July 1, 2020 until September 1, 2021.

I understand that every precaution will be taken to ensure my daughter/son/ward's safety. Should an accident occur, I will not hold St. Brigid Church or the Diocese of Tulsa or its paid staff or volunteer staff responsible.

Further, I understand that attempts will be made to immediately contact me should an accident occur. If the parish is unable to contact me, I understand that an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian.

Signature of Parent/Guardian:_____

Date:_____

<u>Emergency Contacts</u>			
	<u>Name:</u>	<u>Number:</u>	<u>Relationship:</u>
1.			
2.			
3.			