

Nativity of the Blessed Virgin Mary Parish
2018-2019 Registration RCIA Modified for Children

Our sessions are offered on Sunday at 8:45 or 1045 or Wednesday at 6 pm. (Please select one)
We need copies of your child's Birth and Baptismal Certificates to complete the registration
Contact us at: deaconmichael@n-bvm.org or ftwiss@n-bvm.org

STUDENT/ESTUDIANTE #2 INFORMATION/INFORMACION

First Name _____ MI ____ Last Name _____
Address: _____ City _____ Zip _____
(Where correspondence should be mailed)
Gender: Male _____ Female _____ Date of Birth _____ Age _____
School _____ What grade will your child be in the fall? _____
What extracurricular activities are you involved in? _____
Do you want your child enrolled in a special needs class? _____
Name of Parish/school where you received religious instruction in 2017/2018 _____
Are you registered at another parish? _____ If so, do you have permission to attend Nativity? _____
Is this a divorced or separated household? YES _____ NO _____
Has your child received their Baptism/Bautismo? _____

FAMILY/FAMILIA INFORMATION/INFORMACION

Father's/Padre's name: _____ PRIMARY language/Idioma _____
What is your e-mail address? (This is very important) _____
What is your Cell phone number? _____ Home #: _____ Work #: _____
What Christian denomination do you practice? _____
What sacraments have YOU received? Baptism _____ 1st Communion _____ Confirmation _____
Are you the primary contact for your child? YES _____ NO _____
Mother's/Madre's name: _____ PRIMARY language/Idioma _____
What is your e-mail address? (This is very important) _____
What is your Cell phone number? _____ Home #: _____ Work #: _____
What Christian denomination do you practice? _____
What sacraments have YOU received? Baptism _____ 1st Communion _____ Confirmation _____
Are you the primary contact for your child? YES _____ NO _____

PREFERRED GODFATHER/PADRINO PREFERIDO:

NAME: _____
PARISH: _____
RECEIVED SIGNED AFFIDAVIT? YES _____ NO _____
HOME PHONE _____ CELL PHONE _____
Date Affidavit Received: _____

PREFERRED GODMOTHER/MADRINA PREFERIDO:

NAME: _____
PARISH: _____
RECEIVED SIGNED AFFIDAVIT? YES _____ NO _____
HOME PHONE _____ CELL PHONE _____
Date Affidavit Received: _____

PARENTAL PERMISSIONS

Indemnity agreement (Please check all three boxes to affirm you agree with these statements.)

- As parent and/or legal guardian of the above named, I remain legally responsible for any personal actions taken by the above named minor.
- I agree on behalf of myself, my child named herein, or our heirs, successors and assigns to hold harmless and defend Nativity of the Blessed Virgin Mary Roman Catholic Parish, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperones or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection to any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperones or representative associated with the event for reasonable attorney's fees and expenses which it may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Archdiocese of Santa Fe.
- I hereby authorize the supervisor of the activity or his/her designee to act on my behalf to authorize medical attention, surgery or other health care services as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

MEDICAL RELEASE

My child possesses the following medical conditions, allergies (food related, environmental, etc.) or health concerns. If there are none, write "none."

I hereby authorize the supervisor of the activity or his/her designee to administer in an emergency situation the following medication to my child according to the instructions provided. List name of medication and directions for administering. If the medication is prescribed by a doctor, the prescription must be in its original container and will be provided to the supervisor of the activity. Please describe all medical conditions, allergies (food related, environmental, etc.) and/or other health concerns. If there are no known medical conditions, write "none."

Name of Physician: _____ Telephone: _____
Emergency contact**: _____ Phone: _____
Hospital Preference: _____ Insurance: _____

** (Not living at home) in the event we cannot reach you.

PUBLICATION/WEBSITE/MEDIA PERMISSION

We live in an age of easy photography and video. Properly used, these can be great tools for our youth ministry efforts to connect with the young people in our care. To do our best to ensure their safety while still communicating the warmth, family, fellowship, fun and community, the below asks for your permission to photograph and make use of photos taken of your child.

Check the boxes to acknowledge reading them:

- I understand that in granting permission for publication of my child's photo on the parish website or the "People of God," the photo will be available to the general public.
- I understand in the event I object to any particular picture posted of my child on the website and notify the webmaster to remove it, the photo will be removed as soon as possible. Publication of these photos on digital media may include first names for identification purposes unless I check the box below that I do not give permission for my child's name to be used.

With the above understood (Choose from the following):

- I grant permission for Nativity of the Blessed Virgin Mary Church to publish photos of my child on the parish website, parish bulletin and "People of God" magazine as described above.
- I grant permission of use, but please DO NOT include my child's name with their photo on websites/media.
- I DO NOT grant permission for images of my child to be used on the parish website/media.
- I grant permission for my child to be contacted directly by phone/text/e-mail by their catechist or the faith formation office. Please provide child's number and/or e-mail _____

Please address any questions you may have regarding our program to the faith formation office.

Parent/Guardian Signature: _____ Date: _____