

# 2018/2019 ~ Immaculate Conception Religious Education Registration

**Family Name:** \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Alternative Contact's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Are the parents/guardians both Catholic? Yes No Explain \_\_\_\_\_

Additional adult in the child/children's life we should know about:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## **Child 1:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Gender: F M  
Last Name (if different then above): \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Birth Date (mm/dd/yy): \_\_\_\_\_ Baptized: Yes No  
1<sup>st</sup> Communion: Yes No

**MEDICAL ALERTS:** Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.  
\_\_\_\_\_

## **Child 2:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Gender: F M  
Last Name (if different then above): \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Birth Date (mm/dd/yy): \_\_\_\_\_ Baptized: Yes No  
1<sup>st</sup> Communion: Yes No

**MEDICAL ALERTS:** Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.  
\_\_\_\_\_

*Please use 'EXTRA FORM 2018/2019 for any additional children*

A fee of \$30/child is asked to cover some of the cost of materials and resources. Please enclose payment along with your registration form. Checks may be made payable to: **Immaculate Conception Church**. Thank you!

Registration Fee: \_\_\_\_ # of children x \$30/Child = \_\_\_\_\_

**Return to:** Attn: Laura, Immaculate Conception Church, 535 8<sup>th</sup> Street SW, Pine City, MN 55063

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**PARENT/LEGAL GUARDIAN PERMISSION FORM  
AND INDEMNITY AGREEMENT**

My CHILD/REN, (full names) \_\_\_\_\_  
are eligible to participate in programs with the Immaculate Conception Church that require permission.  
*These activities will take place under the guidance and supervision of staff and volunteers from  
Immaculate Conception Church.*

***All Faith Formation Programs during the 2018/2019 school year at  
Immaculate Conception Church/St. Mary's Academy.***

I consent to the participation of my child/ward in the **Religious Education Program**. In consideration for my child/ward's participation, I agree to reimburse and indemnify Immaculate Conception Parish for all reasonable legal and court fees incurred by Immaculate Conception Church which relates to the above named activity if Immaculate Conception Church is found not legally liable by the courts and prevails in the lawsuit. If Immaculate Conception Church is found liable for injuries sustained by my child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and the risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of Immaculate Conception Church to clarify any concerns or questions about the activity or this agreement that I may have had. I also remain legally responsible for any personal actions taken by my child/ward and will be liable for any damage caused by them.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Alternative Phone

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child/ward to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

\_\_\_\_\_  
MEDICAL INSURANCE COMPANY

\_\_\_\_\_  
PHONE NUMBER

In the event of any emergency, if ICC is **unable to reach either guardian** at the numbers listed on the front, please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

**Child 3:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Gender: F M  
Last Name (if different then above): \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Birth Date (mm/dd/yy): \_\_\_\_\_ Baptized: Yes No  
1<sup>st</sup> Communion: Yes No

**MEDICAL ALERTS:** *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

\_\_\_\_\_

**Child 4:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Gender: F M  
Last Name (if different then above): \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Birth Date (mm/dd/yy): \_\_\_\_\_ Baptized: Yes No  
1<sup>st</sup> Communion: Yes No

**MEDICAL ALERTS:** *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

\_\_\_\_\_

**Child 5:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Gender: F M  
Last Name (if different then above): \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Birth Date (mm/dd/yy): \_\_\_\_\_ Baptized: Yes No  
1<sup>st</sup> Communion: Yes No

**MEDICAL ALERTS:** *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

\_\_\_\_\_

**Child 6:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Gender: F M  
Last Name (if different then above): \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Birth Date (mm/dd/yy): \_\_\_\_\_ Baptized: Yes No  
1<sup>st</sup> Communion: Yes No

**MEDICAL ALERTS:** *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

\_\_\_\_\_