

Parish School of Religion/Sacramental Program Registration Form 2017-2018

Price break for families
with 2 or more children

- 1 = \$35.00
- 2 = \$50.00
- 3 or more = \$70.00
- 9th/10th Catholic School \$5.00

STUDENT INFORMATION

****Check off which applies to your child:**

Returning Student NEW Student (Attach a copy of Baptism/First Communion)

Where did he/she attend Religion last year: _____

****If he/she is attending a public school what grade level?**

1st–8th Grade Religion Classes (CCD) (Registration Fee \$35.00)

9th & 10th Grade Religion Classes (CCD) (Registration Fee \$35.00)

****If he/she is attending a Catholic School what grade level?**

9th Grade Catholic School (Registration Fee \$5.00)

10th Grade Catholic School (Registration Fee \$5.00)

****ALL 11th Grade Students (Public & Catholic School)**

11th Grade Confirmation Sacramental Program (attends a public or catholic school)(Registration Fee \$35.00)

Student's Name: _____ Grade: _____

School Attending: _____ Gender: Male Female

Date of Birth: _____ Student E-Mail: _____

Student's Cell Number: _____ Cell Service Provider: _____

Family Address: _____

City/State/Zip

Family Home phone number: _____

***Special Needs (Learning/Behavioral Disorders) we need to be made aware of: _____

PARENT INFORMATION

***Are you a Registered Parishioner of St. Bernard? Yes No

***Parents are: Married Widowed Single Parent
 Divorced (Custody arrangement _____)

*** (If you would like correspondence sent to BOTH PARENTS notify the Religion Office)

*** Any special circumstances in regards to separated/divorced families, we need to be made aware of
(ex: custody arrangements, restraining orders, etc.) _____

Mother's Name: _____ Cell Number: _____

E-Mail Address: _____ (Cell Service Provider) _____

Father's Name: _____ Cell Number: _____

E-Mail Address: _____ (Cell Service Provider) _____

Step-Mother's Name: _____ Cell Number: _____

Step-Father's Name: _____ Cell Number: _____

Signatures Required Backside of this page

**MEDICAL/EMERGENCY INFORMATION & SIGNATURES
CONSENT & RELEASE SIGNATURES
2017 - 2018**

MEDICAL/EMERGENCY INFORMATION

(A copy of Insurance Card Must be attached to this form)

Family Health Plan Carrier _____

Policy Number _____ Policy Holder Name _____

EMERGENCY CONTACT:
(Someone other than Parents)

Emergency Contact Name _____ Relationship to child _____

Contact Phone: _____

ALLERGIES (Food or Drug) _____

MEDICAL CONDITIONS: (We need to be aware of) _____

Consent/Liability Waiver

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Bernard Roman Catholic Church, and its officers, directors, employees and agents, and the Diocese of Lafayette, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with 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 Diocese of Lafayette, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which 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/diocese.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. St. Bernard Parish will attempt to contact you directly or the emergency contact prior to treatment by the hospital or doctor.

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Lafayette, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

By signing below I consent to Liability Waiver, Medical Matters, Emergency Medical Treatment, and Other Medical Treatment.

Signature: _____ **Date:** _____

Safe Environment for the Protection of Children and Young People

The Diocese of Lafayette/Bishop Deshotel mandates all Church Parishes provide a Safety Education lesson/video as part of the Religious Education Program.

I GIVE permission for my child to participate in the Safety Education lesson/video

I DO NOT want my child to participate in the Safety Education lesson/video.

(A dated Letter MUST accompany this form if you Do Not want your child to participate in the Safe Environment lesson/video)

Signature: _____ **Date:** _____

PHOTOGRAPH/VIDEO/AUDIO/MEDIA CONSENT

I consent to and authorize the Roman Catholic Diocese of Lafayette, LA/St. Bernard Church and all entities, representatives, employees, and agents operating under its authority to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or other media that may portray and/or relate to the aforementioned minor child, his/her image, likeness and/or voice,