

St. Edmond Parish

2018-2019

Religious Education

Registration Form

PO Box 646

Rehoboth Beach, DE 19971

Religious Ed: 227-4553

Fax # 227-4557

FOR OFFICE USE ONLY: FAMILY I.D.

Payment Enclosed: Y ___ N ___ Amount Pd.: _____

Cash ___ Check # _____ Date Pd.: _____

Registration Fee: \$65.00 per child / \$75.00 for 2 children / \$85.00 for 3 or more children - maximum per family. Please make checks payable to St. Edmond Church.

Sacramental Fee: \$30.00 for Reconciliation/Eucharist Students. \$65 for Confirmation--9th grade only

Late fee: \$10.00 after June 22.

(Last Name of Child)

(Last Name of Parents if different from child's)

Parish, address, & state where Sacraments were received: _____

Student's Full Name	Date and Place of Birth	M/F	Grade as of Sept. 2018	School Attending as of Sept. 2018	Special Needs Yes/No Describe on back	Confirmation Grade Nine

Father's Name: First: _____ Last: _____ Catholic: Yes No Father's Cell: _____

Mother's Maiden Name: First: _____ Last: _____ Catholic: Yes No Mother's Cell: _____

Address: _____ City: _____ Zip: _____ Home Phone: _____

Father's E-mail address: _____ Mother's E-mail address: _____

Emergency Phone: _____ Relationship to Child: _____

If your child has a non custodial parent please provide--Name/Address: _____

Parent Signature: _____

Date: _____

PARENTS/GUARDIAN: (Please read, complete and sign)

Your parish has adopted the following procedures in caring for your child when he/she becomes sick or injured at Religious Education class. In case of emergency and/or need of medical or hospital care:

1. The DRE/Catechist/Youth Minister will call the home.
2. If there is no answer, the DRE/Catechist/Youth Minister will call the cell phone or emergency phone number listed.
3. If none of the above answer, the DRE/Catechist/Youth Minister will call an ambulance, if necessary, to transport the child to a local medical facility.
4. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
5. The DRE/Catechist/Youth Minister will continue to call the parents, guardians or physician until one is reached.

If I cannot be reached and the DRE/Catechist/Youth Minister has followed the procedure described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Signature of Parent/Guardian

Date

I give my permission for my child/children to be photographed for church activities.

Signature of Parent/Guardian

Date

If applicable please check box below and explain.

Does your child have special needs/allergies/carries an epi pen? Please specify.

I would like to volunteer as a Catechist _____ Classroom aide _____ Hall monitor _____ Grade _____

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