



Saint Joseph Parish First Reconciliation Registration Form 2020-2021



Last Name	First Name	Middle Name
Address	City	Zip
Home Phone #	Cell Phone #	Email for communication purposes
Date of Birth _____		

Sacrament Records - If baptized at another church, please submit a copy of the Baptismal Certificate, issued within the last 6 months, from the Church of Baptism. We cannot accept a photo copy of the original copy.

Date of Baptism	Church (City and State)
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Parents/Legal Guardian Information

Father/Guardian's Name	Religion
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Address (If different from candidate)	City	Zip
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Phone #	Email
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Mother/Guardian's Name w/ Maiden if Applicable	Religion
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Address (If different from candidate)	City	Zip
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Phone #	Email
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Is the family registered at St. Joseph Parish? Yes No If no, where registered? _____

Please return this form and registration fee of \$45.00 to: St. Joseph Parish, Attn: PCL, 215 Falls Ave, Cuyahoga Falls, Ohio 44221.

Parent's Signature

Parent name printed

Date

For Office Use Only:

Baptismal Certificate YES___N/A___Payment: Date:_____Cash:_____Check #:_____

ST. JOSEPH PARISH EMERGENCY MEDICAL AUTHORIZATION

Student Name: _____ Date of Birth: _____

Emergency Contact Name: _____ Phone Number: _____

Please indicate if your child has any of the following:

1) Allergies (please list): _____

2) Medications* (please list): _____

3) Other medical concerns or conditions to which medical personnel should be alerted?

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT I hereby give my permission for Saint Joseph Parish Staff, an adult representative of the Saint Joseph Parish Confirmation program to seek medical attention and treatments deemed necessary for my child/children in the event parents and emergency contact cannot be reached. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the appropriate medical professional; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian for Grant to Consent

Date

PART II: REFUSAL TO CONSENT

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Parish authorities to take the following action:

Signature of Parent/Guardian for Refusal to Consent

Date

Handbook Acknowledgement _____ **YES** _____ **NO** I have read the Saint Joseph Sacramental Preparation Policies, as presented in the Sacrament Preparation Handbook. I understand all policies and procedures and have gone over them with my child(ren). I understand and agree that myself and my child(ren) will abide by all of these policies and procedures. The Handbook is available online and in this Registration Packet.

Permission to Photograph _____ **YES** _____ **NO** Do you grant permission to Saint Joseph Parish to authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my daughter/son during her/his enrollment at Saint Joseph Parish School of Religion Program by an employee, agent, or representative of Saint Joseph Parish or independent contractor.

Virtual Catechesis _____ **YES** _____ **NO** I give permission for my child to participate in parish sponsored virtual catechesis sessions in connection with the program or activity listed above using audio and/or video conferencing services such as Zoom and _____. I understand and agree that any such session may be recorded by the Parish in the Parish's sole discretion ("Recordings"), and that the Recordings will be viewed by individuals who missed or were unable to attend the session and that the Parish cannot control who may view the Recordings along with the individuals who missed or who were unable to attend the session. I further understand and agree and that the Recordings may, in the Parish's sole discretion, be shared with Parish staff, used for future catechesis or educational purposes, or shared in connection with an investigation of any alleged misconduct. I agree that the Recordings will be made without further notice and without compensation, and I agree that the Recordings shall constitute the sole property of the Parish. I agree to supervise my child's participation in any virtual or online catechesis sessions. I further agree to ensure that my minor child's use of any software or other online platforms complies with the terms and conditions of such software and/or platforms. By signing below, I acknowledge that I am the parent or legal guardian of the above named minor child, that I have authority to sign this agreement on my minor child's behalf, and I have read, understand, and agree to the terms and conditions stated above.

Parent's Signature

Parent name printed

Date