



Saint Joseph Parish School of Religion Registration Form 2020-2021 Please fill out 1 per student



Family Information

Child's Full Name _____
First Middle Last

Child's date of birth: ___/___/___ Male Female

Home Address: _____
Street City Zip

Primary Phone: _____ Alternative Phone: _____

School Child Attends: _____ Grade: _____

Name of Father _____ Religion: _____

Name of Mother _____ Religion: _____
Please include maiden name

Parent's Email Addresses: _____
(We communicate primarily by email. Please provide an accurate email address and check it often)

Are you currently registered members of Saint Joseph Parish? _____ Yes _____ No

If not, which parish do you belong? _____

Sacramental Information:

Baptism:
 Church: _____ City: _____ Date: _____

First Communion:
 Church: _____ City: _____ Date: _____

Emergency contact 1 _____ Relationship _____ Phone _____

Emergency contact 2 _____ Relationship _____ Phone _____

Allergies/ Medical Conditions - _____

EMERGENCY MEDICAL AUTHORIZATION FORM

____ **YES** ____ **NO** - I hereby give my permission for Saint Joseph Parish Staff or an adult representative of the Saint Joseph Parish School of Religion program to seek medical attention and treatments deemed necessary for all children named on this registration in the event parents and emergency contacts cannot be reached.

If answered no: In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take the following action:

Handbook Acknowledgement

____ **YES** ____ **NO** - I have read the St. Joseph Parish Parish School of Religion Program Policies, as presented in the Parish School of Religion 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 these policies and procedures.

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

Payment \$50.00 Per student, checks made out to Saint Joseph Parish

For Office Use Only:

Date: _____ Cash: _____ Check #: _____