



Saint Joseph Parish School of Religion
Registration Form 2021-2022
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.

COVID-19 Safety Acknowledgement

____ **(Initial)** I understand COVID-19 is a highly contagious virus, and it is possible to develop and contract COVID-19, even if all guidance is being followed. I understand that my child can never be completely shielded from all risk of illness caused by COVID-19, and that if the child has any special health concerns that could increase the risk of contracting COVID-19 or that could possibly increase the severity of illness if COVID-19 is contracted, the I should consult with their medical practitioner before participating in PSR. I will follow all current COVID-19 guidelines and recommendation for PSR and I understand that COVID-19 guidelines and recommendations can change at any time.

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 #: _____