



**SCHOOL OF RELIGION
EDGE
GRADES 6-8**

REGISTRATION FORM

Email: Evangelization@saintpiusx.org

For Parish Staff:

Grade: 6 ☐ 7 ☐ 8 ☐

First Holy Communion Preparation

Year 1 ☐ Year 2 ☐

STUDENT NAME:

Street Address:

Birthday:

City & Zip Code:

Student's Age:

Phone Numbers:

Grade in 2020-2021:

Father: Home / Cell / Other

Mother: Home / Cell / Other

Father Email:

Prefer Email? Yes / No

Mother Email:

Prefer Email? Yes / No

Home Parish:

FATHER/GUARDIAN INFORMATION

Name: _____

Religion: _____

Marital Status: Married _____ Separated _____

If married, were you married in the Catholic Church?

Yes _____ No _____

Other? _____

If Catholic, do you receive the Sacraments?

(i.e., communion, reconciliation) Yes _____ No _____

Occupation: _____

Work Phone# _____

Volunteer areas are: Teacher, Classroom Aide, Office Help, Crafts, Hospitality, leader, etc.

Interested in volunteering? Yes _____ No _____

If interested, what area would you be able to help in?

MOTHER/GUARDIAN INFORMATION

Name: _____

Religion: _____

Marital Status: Married _____ Separated _____

If married, were you married in the Catholic Church?

Yes _____ No _____

Other? _____

Maiden Name: _____

If Catholic, do you receive the Sacraments?

(i.e., communion, reconciliation) Yes _____ No _____

Occupation: _____

Work Phone# _____

Interested in volunteering? Yes _____ No _____

If interested, what area would you be able to help in?

If divorced or separated, do parents share custody? Yes ____ No ____

Custody Arrangements: _____

Are there any other Court Orders or is there any other information we need to know to keep your child safe?

Circle one: Yes (attach written explanation) No

Medical Information and Emergency Release

This information is and will be kept confidential. This information will only be released to medical personnel in the event your child requires medical attention.

Allergy: _____

Allergy: _____

Reaction: _____

Reaction: _____

Medical/Special Needs (Please list all medical or special needs, if none, write NONE) _____

Medications: (Please list all medications, if none, write NONE.) _____

1st Emergency Contact: (OTHER THAN PARENTS) _____

Relationship to Child _____ Phone: _____

2nd Emergency Contact: (OTHER THAN PARENTS) _____

Relationship to Child _____ Phone: _____

Family Doctor: _____ Phone: _____

Mom's Cell# _____ Dad's Cell# _____

Authorization to enroll in School of Religion & Authorization to provide Medical Services and Release

Parents: Do you authorize the enrollment of your child in the School of Religion including the sacrament program at St. Pius X Catholic Church, and if you or your Doctor cannot be reached in an emergency and if in the judgment of the Parish authorities immediate medical and/or hospital attention is required, do you authorize the Parish authorities to send your child, properly accompanied, to an available hospital or doctor, and do you authorize the treatment of your minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed? This consent is granted only after a reasonable effort has been made to reach you the parent(s)

Parent/Guardian: ____ Yes ____ No

Signature: _____

Authorization to Take, Release, and Publish Photographs

Parents: Do you authorize the staff of St. Pius X Catholic Church to photograph, publish and post photographs of your child(ren) participating in parish activities for the purpose of creating a pictorial history of the parish program as well as to inform parents and the parish of teen's activities?

Parent/Guardian: ___ Yes ___ No

Signature: _____

Registration Fee - Check, Cash, or Visa/Mastercard

Parents: I understand this \$75.00 registration tuition fee secures a position for my child and is **non-refundable**.

Please complete the form, attach payment and copies of Baptism and First Communion certificates, and return to the Parish Office.

Make check payable to St. Pius X Church.

Parent/Guardian Signature: _____ Date: _____