

# Christ the King Parish

## Religious Education Registration 2020-2021

### RELIGIOUS EDUCATION FEES

**\$30.00 is requested per student in Preschool through Grade 12**

**Maximum \$75.00 per family**

Additional fees can be expected in Sacramental Preparation Years, Grade 2 and Grade 10.

**No student will ever be denied religion classes due to inability to pay fees**

Name of Participant	Grade 2020-2021	Date of Birth	Baptism Y/N	Reconciliation Y/N	Eucharist Y/N	Confirmation Y/N

**Children will attend Sunday morning religion @ St Henry (Grade PreK – 8)**

Father's Name \_\_\_\_\_ Father's Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Phone # \_\_\_\_\_

Address of Father: \_\_\_\_\_

Address of Mother: *(if different from Father please indicate (✓) primary address for receiving mailings)*

**Family email address:** \_\_\_\_\_

In what Parish is the family registered? \_\_\_\_\_

Please contact me if my child is absent on Tues morning (Grade 5/6) or Wed evening (Grade 9-12)

Phone number: \_\_\_\_\_

**Allergies/Medical Issues**

Child name: \_\_\_\_\_ Allergies/Medical issues: \_\_\_\_\_

Child name: \_\_\_\_\_ Allergies/Medical issues: \_\_\_\_\_

*I give my permission to use pictures of my child(ren) on parish bulletin boards, parish flyers, parish newsletters, parish Facebook page, and on the parish website.    \_\_\_\_\_ Yes    \_\_\_\_\_ No*

\_\_\_\_\_  
Parent Signature

Date: \_\_\_\_\_

**DIOCESAN EVENT WAIVER AND RELEASE CATHOLIC  
DIOCESE OF EVANSVILLE (REV. 7/14)**

Youth's Name: _____	Age: _____	Grade: _____
Youth's Name: _____	Age: _____	Grade: _____
Youth's Name: _____	Age: _____	Grade: _____
Parish/School/Program: <b>Christ the King Parish</b>	City: <b>Ferdinand, In</b>	
Event: <b>2020-2021 Religious Education Program</b>	Date(s): <b>August 2020-May 2021</b>	
<b><u>Preschool-Grade 4 walk from Ferdinand Elementary to St. Ferdinand Spiritual Life Center on Wednesdays.</u></b>		
<b><u>St. Ferdinand Parish Bus Transportation: Grades 5 &amp; 6 are transported to Cedar Crest Intermediate School after class (8:50) on Tuesday mornings. Grade 7 is transported from Forest Park Jr. High to St. Ferdinand Spiritual Life Center on Wednesdays at 1:50. Grade 8 is transported from Forest Park Jr. High to St. Ferdinand Spiritual Life Center on Tuesdays at 1:50.</u></b>		

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, **Christ the King Parish, Fr Anthony Govind**, Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, Social Median Policy, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via [www.evdio.org/diocesan-forms-for-oyaya.html](http://www.evdio.org/diocesan-forms-for-oyaya.html)). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____
Signature: _____ Date: _____