

Religious Education Family Registration Form 2017 - 2018
St. Julie Billiard Catholic Community

Date _____ Student's Last Name _____

Home Phone _____ Address _____

City _____ Zip _____

Work Phones _____ Cell Phones _____

Parent's First & Last Names _____

BEST Email Address: _____

Special Family Situations (i.e. joint custody etc.) _____

Registration Information:

Student's Name	Age	DOB	Current School & Grade	Rel. Ed. Program <i>(Office use only)</i>

Sacrament and Date:

Student's Name	Baptism Date	Baptized Catholic? (Yes or no)	Eucharist Date	Penance Date	Confirmation Date

Note: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

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Office use only:

Tuition: _____

Sacrament Fee*: _____
 (* 1st Communion & Confirmation)

Total: _____ Amount Paid: _____ Balance: _____

(over)

MEDICAL INFORMATION:

Please list any medications, allergies, or any type of condition or illness that we should be aware of:

NAME OF CHILD	MEDICATION/CONDITION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CONSENT FOR TREATMENT:

I hereby give my permission to have my child(ren) treated with minor first aid and/or paramedics as the need arises. My emergency contacts are listed below.

(Parent/Guardian Signature) (Date)

In the event of a major earthquake or disaster, your child/children will be held on the Church grounds and released only to you or those adults listed as your emergency contacts.
I hereby give consent for those persons listed below to act in my stead and to take my child/children home if I am unable to do so. I have notified each of them regarding this permission.

(Parent/Guardian Signature) (Date)

EMERGENCY CONTACTS (List two separate persons, please do not list yourself or your spouse):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NUMBER: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NUMBER: _____