

ST. PATRICK CHURCH

Office of Religious Education
320 W. Broadway
Kokomo, IN 46901

2010-11 Registration Form

Sunday Religious Education/Youth Group

Family Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____ E-Mail _____

Parent Information

Father (First) _____ (MI) _____ (Last) _____ Religion _____

Address _____ Phone _____

Mother (First) _____ (MI) _____ (Maiden) _____ (Last) _____ Religion _____

Address _____ Phone _____

Student Information

<u>First and Last Name</u>	<u>Birth Date</u>	2010-11 <u>Grade</u>	<u>Date Sacraments Received & Where</u>		
1. _____	M/F _____	_____	Baptism _____	Communion _____	Confirmation _____
2. _____	M/F _____	_____	Baptism _____	Communion _____	Confirmation _____
3. _____	M/F _____	_____	Baptism _____	Communion _____	Confirmation _____
4. _____	M/F _____	_____	Baptism _____	Communion _____	Confirmation _____
5. _____	M/F _____	_____	Baptism _____	Communion _____	Confirmation _____
6. _____	M/F _____	_____	Baptism _____	Communion _____	Confirmation _____
7. _____	M/F _____	_____	Baptism _____	Communion _____	Confirmation _____

Adult Volunteer Opportunities

- ____ H.S. Youth Catechist or Adult Leader (weekly commitment on Sunday evenings)
- ____ Hospitality & snacks once a year
- ____ Chaperone/drive for an event
- ____ Intercessory prayer partner (will pray in the Adoration Chapel during youth group twice a year)
- ____ Help with one fundraiser project
- ____ SRE Catechist or helper
- ____ Help with special SRE events such as Station's of the Cross for Children, Living Rosary, Christ the King Procession or May Crowning

Religious Education Fee: Please see attached fee chart. If the fees are a burden contact the parish office at 452-6021 and other arrangements will be made. **Please return forms with payment to the parish office by June 1st.**
You may submit half or all of the payment by June 1st. The remaining balance will be due August 22.

Please complete and sign the front and back of this form.

Forms and payment may be returned to the parish office or placed in the collection basket marked Religious Ed Office by June 1.

Emergency Contact Information: Name _____ Phone _____ Relationship _____

Parent/Guardian please sign

Date

OFFICE USE ONLY

Amount Due _____ Amount Paid _____ Cash or Check # _____ Date _____

PHOTO RELEASE: I give my consent and understand that photos of my child may be published in the parish newsletters and bulletins.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to the Parish of St. Patrick, it's officers, directors and agents, and the Diocese of Lafayette- in-Indiana, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with this event to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature _____

Child #1 _____

Specific Medical Information: Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus immunization: _____ Any physical limitations? _____

Medications child currently takes: _____ Does child have a medically prescribed diet? _____

Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____

If so, date and disease or condition: _____

You should also be aware of these special medical conditions of my child: _____

Child #2 _____

Specific Medical Information: Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus immunization: _____ Any physical limitations? _____

Medications child currently takes: _____ Does child have a medically prescribed diet? _____

Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____

If so, date and disease or condition: _____

You should also be aware of these special medical conditions of my child: _____

Child #3 _____

Specific Medical Information: Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus immunization: _____ Any physical limitations? _____

Medications child currently takes: _____ Does child have a medically prescribed diet? _____

Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____

If so, date and disease or condition: _____

You should also be aware of these special medical conditions of my child: _____

Child #4 _____

Specific Medical Information: Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus immunization: _____ Any physical limitations? _____

Medications child currently takes: _____ Does child have a medically prescribed diet? _____

Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____

If so, date and disease or condition: _____

You should also be aware of these special medical conditions of my child: _____