

# ST. PATRICK CHURCH

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

## 2011-12 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

First and Last Name	Birth Date	2011-12 Grade	Date Sacraments Received & Where		
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 a special SRE event such as Stations 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 August 27th.**

**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 Aug. 27th.**

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: \_\_\_\_\_