

**2018-19 REGISTRATION FORM
ST. MALACHY RELIGIOUS EDUCATION CLASSES**

Office Use Only
Total due: _____
Total Paid: _____
Check #: _____

CHILD'S FULL NAME _____ **Male** **Female**

Birth Date _____ **Grade:** _____ **School** _____

Please check sacraments child has received: **Baptism** **Reconciliation** **First Eucharist** **Confirmation**

CHILD'S FULL NAME _____ **Male** **Female**

Birth Date _____ **Grade:** _____ **School** _____

Please check sacraments child has received: **Baptism** **Reconciliation** **First Eucharist** **Confirmation**

CHILD'S FULL NAME _____ **Male** **Female**

Birth Date _____ **Grade:** _____ **School** _____

Please check sacraments child has received: **Baptism** **Reconciliation** **First Eucharist** **Confirmation**

CHILD'S FULL NAME _____ **Male** **Female**

Birth Date _____ **Grade:** _____ **School** _____

Please check sacraments child has received: **Baptism** **Reconciliation** **First Eucharist** **Confirmation**

CUSTODIAL PARENT(S)/GUARDIAN _____

Address _____ **City** _____ **Home Phone #** _____

Email Address _____

Father's Employment: _____ **Work#** _____ **Cell #** _____

Mother's Employment: _____ **Work#** _____ **Cell #** _____

NON-CUSTODIAL PARENT'S NAME _____

Address _____ **City** _____ **Home Phone #** _____

Email Address _____

Phone# _____ **Work#** _____ **Cell#** _____

Place of Employment: _____ **City** _____

(If parents are separated or divorced, please let the Religious Education Staff know if any information should be passed on to the non-custodial parent.)

Special Circumstances:

___ **My Child(ren) will be riding the bus and walk over from the Middle School. (check if this is true)**

(Please circle your choice) Best way to contact in an emergency:

Email Text Phone Call

Who is *authorized*, in addition to custodial parent(s)/guardian, to provide transportation to and from CCD? Please list those who *are* authorized to do so:

Name: _____ **Phone #** _____

Name: _____ **Phone #** _____

If you do NOT belong to St. Malachy Parish, to what parish do you belong? _____ **City** _____

Registration Fees: \$50 (1 Child) \$65 (2 Children) \$80 (3 or more Children)
(Please contact Erin Hofer or Kristin Wilson if these fees need to be adjusted for your family.)

Emergency/Medical Information Form

Custodial Parent's Name _____

Doctor's Name _____ Phone# _____

If Custodial parent(s)/guardian is NOT available in an emergency, contact:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Child's Name _____ Allergies/Special Needs _____ Grade _____

(Please attach a page if more space is needed.)

General Permission I request that my child(ren) listed on the attached sheet be allowed to attend Religious Education located at Saint Malachy, Geneseo for the duration of the 2018-2019 school year. I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this program.

(Initial Here) YES..... NO.....

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren) listed on the attached sheet by the people in charge of Religious Education at Saint Malachy, Geneseo to sign the necessary releases as may be required, to arrange transportation to a proper facility where medical treatment would be administered, and make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

(Initial Here) YES..... NO.....

Insurance Information

Policy Holder (In the name of): _____

Insurance Company: _____

Policy Number: _____

Authorized Hospital: _____

Videotaping and Still Photographs

Video, still photographs and audio recordings may be taken during Religious Education. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

(Initial Here) YES..... NO.....

Signature of Custodial Parent/Guardian: _____ Date: _____