

2016-2017 Parish Religion Program Registration

(Please Print Clearly)

NOTE: NEW STUDENTS MUST INCLUDE A COPY OF THEIR BAPTISMAL CERTIFICATE

HOME SCHOOL OPTION

Family Last Name	Father's Name	Mother's name & Maiden Name
Address	Father's Cell / Text Message Alert	Mother's Cell/ Text message Alert
City / Zip	Father's Email Address	Mother's Email Address
Home Phone	Father's Religion	Mother's religion
Are you a registered parishioner? Yes <input type="checkbox"/> No <input type="checkbox"/>	PRP registration is processed once your parish registration is verified.	If you are not a St. B parishioner, we invite you to register at this time online at www.stbameliparish.org or contact the Parish office at 753-5566x2.

COMPLETE IF APPLICABLE (Please Print Clearly)

Child(ren) living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother	
Stepfather's Name	Stepmother's Name

CHILDREN TO BE REGISTERED (Please Print Clearly)

Please Check Completed Sacraments

First & Last Name of each child	M/F	Date of Birth	Grade in Fall 2016	School	Was child enrolled last year?	Baptism	Reconciliation	Eucharist	Confirmation

*If your children were **not** enrolled in our program last year, where were they enrolled in religious formation? _____
 _____ What grades were completed? _____ (Verification from former Parish may be requested.)

EMERGENCY INFORMATION

Name of Child	HEALTH and BEHAVIORAL CONCERNS: Allergies (including food allergies), Vision, Hearing, Heart or Respiratory, Emotional, Reading, Learning (list diagnosis). Include any special instructions, medications, or comments.

Health information provided on this form and any physical health appraisals may be shared with Parish Religion Program personnel who are involved with the health and safety of my child.

Please indicate your response. _____ Yes _____ No _____ Parent / Guardian Initials 1

EMERGENCY CONTACTS AND MEDICAL AUTHORIZATION

(Please Print Clearly)

Please list the names and phone numbers of two people who would assume custodial care of your child(ren) in the event of an emergency *and we are unable to reach you*. These individuals should be able to pick up your child(ren) in the event of illness / other emergency / early dismissal. These individuals should be aware that they are on this list and have your permission to take your child(ren) home.

Name	Phone
Name	Phone

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (Phone) or _____ (Other Parent / Guardian) at _____ (Phone) have been unsuccessful, I hereby give my consent for :

- 1) The administration of any treatment deemed necessary by Dr. _____ (Preferred Physician) at _____ (Phone) or Dr. _____ (Preferred Dentist) at _____ (Phone). Or in the event the designated practitioner is not available, by another licensed physician or dentist; AND
- 2) The transfer of the child to _____ (Preferred Hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery is performed.

Date: _____ Parent / Guardian Signature _____

PART II: REFUSAL TO CONSENT (DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the program authorities to take no action.

Date: _____ Parent / Guardian Signature _____

PHOTO RELEASE

St. Bernadette Faith Formation Office may take pictures or video of your child(ren) participating in activities while attending classes in our Parish Religion Program.

I give _____ do not give _____ permission to have pictures or video in the Church bulletin, website or other media.

HANDBOOK AGREEMENT

The St. Bernadette PRP Handbook is located on our website at www.stbamelaiaparish.org.

I, _____, PRP Parent/Guardian, understand and agree to abide by the rules in the St. Bernadette Parish Religion Program Handbook.

I, _____, PRP Student in grade 4 or above have discussed the rules of PRP with my parents and have read the handbook according to parental direction. I understand and agree to abide by the rules in the St. Bernadette Parish Religion Program handbook.

TUITION

TUITION IS \$75 PER CHILD

ADDITIONAL \$25 PER CHILD IF A SACRAMENTAL YEAR

Please check one:

Make check payable to St. Bernadette

I have attached my child's PRP tuition to this form. TOTAL _____

I am unable to pay for PRP tuition at this time and need financial assistance.

Signature _____ Date _____

OFFICE USE ONLY: AMOUNT PAID \$ _____ CHECK# _____ VOLUNTEER
DATE _____ BALANCE \$ _____ CASH SIGNATURES 2