

RELIGIOUS EDUCATION INFORMATION FORM 2018 -2019

Household Last Name: _____

Adult 1 Full Name: _____

Adult 2 Full Name: _____

Child's Full Name/Grade: _____

Child's Full Name/Grade: _____

Child's Full Name/Grade: _____

(if additional space is needed, please attach an extra page – thank you!)

Please note which members are in need of First Reconciliation, First Holy Communion or Confirmation with an asterisk* by their name.

Address: _____

Phone: _____ E-Mail: _____

School Choice (please circle): *Catholic Day School* Public *HomeSchool* Other

**Religious Ed Curriculum (if homeschooled): _____



***We too have discovered the beauty and effectiveness of Catholic HomeSchooling, felt its attraction and found in it a form of answering Our Lord's call as the primary teachers of our children. As partners in your children's formation, it is the Pastor's responsibility to assure the education in the Catholic faith of each of his parishioners. We ask you provide this information in communion with Fr. James Richardson.*

PHOTO RELEASE

With my signature, I grant permission to *St. Mary Parish* to publish my child's name, photo or video image in connection with our bulletin, for news and editorial purposes in publications, electronic reproductions (parish website, social media) and/or parish brochures. I release the photographer, the journalist and the publications as well as *St. Mary Parish* from all claims and liability relating to these photographs. I have noted any restrictions below.

Photo Use Restrictions (if any): _____

Signature: _____ Date: _____

MEDICAL AND GENERAL RELEASE AND TREATMENT AUTHORIZATION

In consideration of my being allowed to participate in Religious Education at *St. Mary Parish*, Kalamazoo, I agree to release the Parish, the Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents, representatives and volunteers, including volunteer drivers, from any and all claims, including negligence, which may be asserted by me arising from or relating to my or my family members participation in this program. In the event this release is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless those noted above from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this program. This release or indemnification does not apply to claims for intentional misconduct or gross negligence, nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim; but this release or indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. I understand that reasonable attempts will be made as soon as possible to contact one of my emergency contact persons at the phone numbers listed in connection with any accident or emergency medical care. I understand that I retain all responsibility for costs associated with medical care. This general and medical release applies to all my family members listed on the reverse side of this form.

List allergies, medication, contacts or other pertinent comments for each family member:

Name: _____

Name: _____

Name: _____

(if additional space is needed, please attach an extra page – thank you!)

Doctors' Information:

Family Physician: _____ Physician Phone: _____

Physician Address: _____

Emergency Contact Name and Phone:

Name: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

If the person listed above is unavailable, alternate emergency contact person and phone numbers:

Name: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

Health Insurance Date:

Company: _____ Policy #: _____

Group #: _____ Contact #: _____

Parental

Date