



Saint John Paul II Catholic Parish

Religious Education Registration Form

2017/2018

Payment and Document Information (To be completed by office staff)	
Household Family Name _____	
Date paid _____	Amount paid _____
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash _____
<input type="checkbox"/> Baptism Certificate	
For Elementary Classes:	
<input type="checkbox"/> Sunday Class	<input type="checkbox"/> Monday Class

Please print all information clearly

Father's Name _____ Marital Status _____ Religion _____

Father's Occupation _____ Father's Work Phone _____ Father's Cell _____

Mother's Name _____ Marital Status _____ Religion _____

Mother's Occupation _____ Mother's Work Phone _____ Mother's Cell _____

Mother's Maiden Name _____ Language Spoken at Home _____

Mailing Address _____ Apt# _____ City _____ Zip Code _____

Home Phone _____ E-Mail _____ Student(s) Reside With _____

Parent Sacramental Information:

Father: Date of Birth _____ Check all Sacraments Received: Baptism ___ First Communion ___ Confirmation ___ Marriage ___

Mother: Date of Birth _____ Check all Sacraments Received: Baptism ___ First Communion ___ Confirmation ___ Marriage ___

Student's Name (First and Last)	Gender M/F	Date of Birth	School Grade 2017/2018	Attended RE Before? Y/N	Check Sacraments ALREADY received			Student Cell Number	Permission for Student Cell to Receive Texts? Y/N
					Baptism	First Communion	Confirmation		

Please complete reverse side

Please List any allergies, special needs considerations and any other items of importance of student(s) participating in the program:

Student's Name	Allergies and/or special needs

In the event of an emergency, please list two contacts (**OTHER THAN THE PARENTS**) the student(s) may be released to:

Emergency Contact Name (First and Last) _____
Phone # _____ Relation to Student(s) _____

Emergency Contact Name (First and Last) _____
Phone # _____ Relation to Student(s) _____

Permission Release:

- + By registering my child(ren) I understand that I am still the primary religious educator for my child(ren).
- + I do hereby give permission for my child(ren) to participate in St. John Paul II Religious Education programs. I agree to hold the Diocese of Boise, St. John Paul II Parish, staff and volunteers free from liability for any illness or injury that might be incurred by my child(ren) during these events. Should injury occur, I hereby give my permission for my child(ren) to receive treatment from a physician to be selected by a St. John Paul II Parish staff member if I am unable to be reached.
- + I understand that it is my responsibility to pick up and drop off my youth at the times prescribed for classes and/or activities. **I understand that if my youth is not picked up within 15 minutes of the activity's end and neither I nor the emergency contacts listed cannot be reached, the police will be contacted to locate me.**
- + **Photographs and videos:** *Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced periodically by St. John Paul II Parish, the Diocese of Boise or local parishes. Participants would not be identified without specific written consent. Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify St. John Paul II Parish/Diocese of Boise/other parish(es) in writing. Please note that the St. John Paul II Parish and Diocese of Boise has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate.*
- + **Fees:** \$40 per child or \$120 per family, up to 4 children residing in the same household. I understand that I am responsible for the total fees due. If I am unable to pay the full amount by December 31, 2017, I agree to make payment arrangements with the Religious Education Office before that date.

Are you interested in volunteering for the program? Yes _____ No _____

Have you been Safe Environment Trained? Yes _____ No _____

Signature _____

Date _____