

St Bernard Religious Education Registration 2018-2019

Name of Parent(s): _____

Home phone: _____ Dad Cell: _____ Mom Cell: _____

Address: _____

Dad Email: _____ Mom Email: _____

Emergency Contacts (to be used if parents can't be reached)

Contact 1: _____ Cell: _____ Relation: _____

Contact 2: _____ Cell: _____ Relation: _____

Preferred class session for your children (7th/8th grade is only offered at 6:30)

Options: 5pm _____ 6:30pm _____

Children:

1. **Name:** _____ **Age:** _____ **Grade:** _____ **DOB:** _____

CGS Lvl 1 (age 4-6): _____ Lvl 2 (age 6-9): _____ 4th Grade: _____ 5th Grade: _____ 6th Grade: _____ 7th/8th Grade: _____

List any allergies, medical or health concerns we may need to know to help your child: _____

2. **Name:** _____ **Age:** _____ **Grade:** _____ **DOB:** _____

CGS Lvl 1 (age 4-6): _____ Lvl 2 (age 6-9): _____ 4th Grade: _____ 5th Grade: _____ 6th Grade: _____ 7th/8th Grade: _____

List any allergies, medical or health concerns we may need to know to help your child: _____

3. **Name:** _____ **Age:** _____ **Grade:** _____ **DOB:** _____

CGS Lvl 1 (age 4-6): _____ Lvl 2 (age 6-9): _____ 4th Grade: _____ 5th Grade: _____ 6th Grade: _____ 7th/8th Grade: _____

List any allergies, medical or health concerns we may need to know to help your child: _____

4. **Name:** _____ **Age:** _____ **Grade:** _____ **DOB:** _____

CGS Lvl 1 (age 4-6): _____ Lvl 2 (age 6-9): _____ 4th Grade: _____ 5th Grade: _____ 6th Grade: _____ 7th/8th Grade: _____

List any allergies, medical or health concerns we may need to know to help your child: _____

Participation and Photo Release Agreement

Student Name(s): _____

By signing below, my child(ren) and our family may be photographed or videotaped while participating in Religious Education or related activities for the use of positive promotion of the parish and its programs. If my child(ren) is featured in any publicized material, information identifying them including their name, will not be used in the materials.

I hereby grant permission for my child(ren) to participate in the Religious Education program of St. Bernard Catholic Church. In signing this release, I understand this grants my permission for participation in activities scheduled at St. Bernard Catholic Church. In consideration for planning the events attended by my child, I hereby agree to release and hold harmless the Archdiocese of Kansas City, KS, St. Bernard Catholic Church, and any and all employees and volunteers from any and all liability for any and all injury to my child as a result of his/her participation in scheduled events. In addition, I agree to pay all medical/dental expenses related to any such injury.

By my signature below, I also give my permission for emergency medical treatment for my child in the event of an injury that in the opinion of medical personnel will result in further pain, injury, suffering, disfigurement, or death if treatment is delayed. I understand every effort will be made to contact me as soon as possible in the event of an accident or injury to my child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Registration Fees for RE: 1st student - \$60, 2nd student \$50, 3rd student \$40

If you are able to contribute financially to those who cannot afford the full cost of our Religious Education program, please consider adding any amount that you are comfortable with to your total.

If you have any questions please feel free to call Jody at 785-456-7869 or stbernardfaithformation@gmail.com

Office use only

Total due: _____
Amount: _____
Date: _____
Payment Type: _____

Second payment
Amount: _____
Date: _____
Payment Type: _____