

**PARISH SCHOOL OF RELIGION REGISTRATION 2019-2020**

Amount: _____
Check #: _____
Date: _____
Accepted By: _____

Grade: \_\_\_\_\_ St. Joseph Parishioner \_\_\_\_\_ Parishioner other: \_\_\_\_\_

**CIRCLE :**     **Jr. High**     **High School**     **New Student**     **Returning Student**

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Gender: M F 2019-2020 School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Your Registered Church Parish: \_\_\_\_\_

Did your child attend CCD last year: Yes     No     If so where: \_\_\_\_\_

**Children registered in another church parish must have a letter of permission signed from their pastor.**

**SACRAMENTAL INFORMATION**

Baptism Church: \_\_\_\_\_ City/State: \_\_\_\_\_

1st Reconciliation/Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_

1st Communion/Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_

**FAMILY INFORMATION**

Father's Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Full Name (include Maiden): \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Religion: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's EMAIL (please write clearly): \_\_\_\_\_

Mother's EMAIL (please write clearly): \_\_\_\_\_

Child resides with:     Both Parents     Mother     Father     Other

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Does this student have a medical condition? (yes or no): If yes, explain: \_\_\_\_\_

Does this student have a learning disability? (yes or no): If yes, explain: \_\_\_\_\_

Does your child have any food allergies that we should know about? \_\_\_\_\_

Student Special Needs/Notes: \_\_\_\_\_

**REGISTRATION FEES/NON-REFUNDABLE**

**Registration Fees: \$40.00 per student, \$35.00 per additional siblings**

**OVER →**

**A SCHEDULE WILL BE ISSUED AT THE BEGINNING OF THE YEAR**

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**STEWARDSHIP**

*Volunteers are a significant part of our programs. If you are interested in volunteering for this ministry, please contact: Eva Green at 337-856-0800 (evastjoe@gmail.com).*

Would you be interested in Volunteer opportunities? Yes No If yes: Teacher Substitute

Are you Safe Environment Certified: Yes No

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**SAFE ENVIRONMENT SESSION**

In the pastoral effort to respond to a heightened need for the protection of our children, the Diocese of Lafayette has developed "A Safe Environment for the Protection of Children and Young People" program. As part of this program, all children in grades K through 12 in our Religious Education (CCD) Programs will be participating in an education session relating to child abuse and prevention. By registering your child in our religion program parents are automatically giving consent for their child to take part in this safe environment session.

**PHOTOGRAPH/VIDEO/AUDIO/MEDIA CONSENT & RELEASE FORM FOR MINORS (UNDER 18 YEARS OF AGE)**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, hereby consent to and authorize the Roman Catholic Diocese of Lafayette, Louisiana, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or other media that may portray and/or relate to the aforementioned minor child, his/her image, likeness and/or voice, without compensation.

I understand that these materials may be used in various print and electronic media, including but not limited to the Diocesan website and the Diocesan publication, Acadiana Catholic, and/or for other endeavors related to Diocesan interests. I understand that the Diocese may use and/or publish materials relating to the aforementioned minor child and/or use his/her photograph, voice, video images, and other media relating to said minor child in any manner that the Diocese deems appropriate in order to promote and/or publicize its programs, or for any other lawful purpose.

This authorization shall not expire and will remain effective indefinitely until rescinded in writing.

**DROP-OFF/PICK-UP**

**For the safety of all students in the religion program, I understand that my child must be dropped off and picked up in the car line unless prior approval is obtained. I will notify all persons picking up my child of this policy. I understand that if I do not comply with this policy I may be dismissed from the program.**

**By signing below I am verifying that I have read the above statements.**

**SIGNATURE/DATE:** \_\_\_\_\_

**PRINTED NAME/PHONE:** \_\_\_\_\_

**If you are attending our program outside of your registered church parish you will need a letter of permission from your priest in order for your child to attend religion at St. Joseph.**

**DEADLINE FOR REGISTRATION IS MAY 31, 2019**