

# ST. TIMOTHY RELIGIOUS EDUCATION REGISTRATION FORM

<b>Office Use Only</b>
Date: ___/___/___
ID#: _____

In compliance with the Code of Canon Law and St. Timothy Catholic Church for the **2018-19** school year, please complete the entire form (front and back). **Please Print.**

## STUDENT INFORMATION AND BACKGROUND

**Student Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
Street City Zip (XXX) XXX-XXXX

**Sex:** Male Female **Date of Birth:** / / **Place of Birth:** \_\_\_\_\_  
(Circle One) (MM/DD/YYYY) City, State

**Grade:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

## PARENTAL INFORMATION

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_  
Last, First, Middle Last, First, Middle

Mom Cell: ( ) - Dad Cell: ( ) -  
(XXX) XXX-XXXX (XXX) XXX-XXXX

**Email Address of Parent:** \_\_\_\_\_

**Married:** Yes No Divorced **Mothers Maiden Name:** \_\_\_\_\_  
(Circle One)

**Religion of Father:** \_\_\_\_\_ **Religion of Mother:** \_\_\_\_\_

**Spouse Name (if remarried)** \_\_\_\_\_ **Spouse Name (if remarried)** \_\_\_\_\_

**Child Lives with** Mother Father Both Guardian  
(Circle One)

**Do both parents have legal access to child?** Yes No  
(Circle One)

**Guardian Name:** \_\_\_\_\_ **Date of Guardianship:** \_\_\_\_\_  
Last, First, Middle (MM/DD/YYYY)

**Guardianship Granted by:** Death Court Order Date of Order: \_\_\_\_\_  
(Circle One) (MM/DD/YYYY)

## SACRAMENTAL BACKGROUND

**Baptism:** Yes No **Date:** / / **Church:** \_\_\_\_\_  
(Circle One) (MM/DD/YYYY) Name, City, State

**Reconciliation:** Yes No **Date:** / / **Church:** \_\_\_\_\_  
(Circle One) (MM/DD/YYYY) Name, City, State

**Eucharist:** Yes No **Date:** / / **Church:** \_\_\_\_\_  
(Circle One) (MM/DD/YYYY) Name, City State

**Confirmation:** Yes No **Date:** / / **Church:** \_\_\_\_\_  
(Circle One) (MM/DD/YYYY) Name, City, State

**NOTE: A Copy of any previous sacramental certificate is required to be on file with the Office of Religious Education.**

# ST. TIMOTHY RELIGIOUS EDUCATION REGISTRATION FORM

## MEDICAL INFORMATION AND EMERGENCY RELEASE

This information is and will be kept confidential. This information will only be released to medical personnel in the event your child requires medical attention.

**Medical/Special Needs/Allergies:** (Please list all medical or special needs, if none, write NONE.)

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**Medications:** (Please list all known allergies, if none known, write NONE KNOWN)

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**Teaching/Classroom Accommodations Needed?**

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Emergency Contact:

Phone:

Last, First, Middle

(XXX) XXX-XXXX

Family Doctor:

Phone:

Last, First, Middle

(XXX) XXX-XXXX

## AUTHORIZATION TO ENROLL IN RELIGIOUS EDUCATION AND AUTHORIZATION TO PROVIDE MEDICAL SERVICES AND RELEASE

**Parents:** Do you authorize the enrollment of your child in the religious education program at St. Timothy Catholic Church, and If you or your Doctor cannot be reached in an emergency and if in the judgment of the Parish authorities immediate medical and/or hospital attention is required, do you authorize the Parish authorities to send your child, properly accompanied, to an available hospital or doctor, and do you authorize the treatment of your minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed? This consent is granted only after a reasonable effort has been made to reach you the parent(s)

Parent/Guardian:

Yes

No

Signature:

## PARENT HANDBOOK

**Parents:** By signing below you affirm that you have read and or otherwise received a copy of the student handbook for Religious Education and agree to its terms, conditions, uses and requirements.

Parent/Guardian Signature:

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## PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE

*As you review this photo release form, please do so with regard to any particular considerations of photos of your child being available on-line or in print. (This includes sacramental group photos)*

I, the undersigned, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to **St. Timothy Catholic Church** and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando. I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property. This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications. I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Parent/Guardian Signature:

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