

**Saint Christopher & Saint Sylvia Religious Education
Youth Alive
2019-2020 Registration Form
DUE DATE: AUGUST 1, 2019**

For Office Use Only
Date: _____
Payment: _____
Youth Alive Contract: _____
Code of Conduct: _____

Fees:	Late Fees after August 1st:
\$150.00 - 1 Child	\$200.00 - 1 Child
\$200.00 - 2 or more Children	\$250.00 - 2 or more Children

*Our Religious Education program expects attendance at Mass every weekend and all Holy Days of Obligation by the child and at least one parent. I am aware of and agree to abide by this Mass attendance policy.

Required parent signature* _____ Date: _____

Family Information

Father's Name _____ Religion: _____

Mother's (w/Maiden) Name: _____ Religion: _____

Family email _____

Mailing address _____

Phones: Home _____ Mother's cell: _____

Father's Cell: _____ Other: _____

The child(ren) live with both parents Mom Dad Other: _____

If parents do not live together but custody is shared, mailings will be sent to both addresses.

If one parent/guardian has full custody, please provide copies of custody papers. This helps us clarify who is eligible to make decisions about the child(ren)'s religious education.

Second mailing address _____

Second parent e-mail (only if parents do not live together): _____

Emergency contact (person to contact if parent/guardian cannot be reached): *(Can the emergency contact pick up your children? Y ___ N ___)*

Name: _____ Relationship: _____

Home phone: _____ Cell/work phone: _____

Names of adults in addition to parents/guardian who are allowed to pick up your child(ren):

Parent/Student Handbook

Our family agrees to abide by all standards of behavior, attendance policies, and other rules set forth by the handbook. I understand that the handbook is located on the Religious Education website, and will be provided to me in writing upon request.

Parent/Legal Guardian Signature: _____ Date: _____

Medical Release

Child(ren)s doctor: _____

Address: _____ Phone: _____

In case of illness or accident, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment, and/or medication deemed necessary.

To the best of my knowledge, all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Legal Guardian Signature: _____ Date: _____

Student Information:

STUDENT NAME _____

Birthdate _____ **Born in what city/state** _____

School _____ **Grade 2019-2020** _____ **Age** _____

Allergies, special health, or learning concerns we should be aware of: _____

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 st Eucharist			
1 st Reconciliation			

STUDENT NAME _____

Birthdate _____ **Born in what city/state** _____

School _____ **Grade 2019-2020** _____ **Age** _____

Allergies, special health, or learning concerns we should be aware of: _____

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 st Eucharist			
1 st Reconciliation			

Media Authorization and Release

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of my children or children of whom I am the designated guardian

Name(s) of Child(ren)

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Signature of Parent or Guardian

Date