

FAMILY REGISTRATION NO: \_\_\_\_\_

ST. PAUL THE APOSTLE CATHOLIC CHURCH  
2019-2020 RELIGIOUS EDUCATION ENROLLMENT FORM

STUDENT NAME: \_\_\_\_\_

STUDENT'S AGE: \_\_\_\_\_

GRADE ENTERING: \_\_\_\_\_

ETHNIC GROUP (please circle): AMERICAN INDIAN ASIAN AMERICAN BLACK AMERICAN HISPANIC  
CAUCASIAN OTHER \_\_\_\_\_

DOES YOUR STUDENT NEED TO BE ENROLLED IN A SACRAMENT PREPARATION CLASS FOR THE 2019-  
2020 SCHOOL YEAR?

PLEASE CIRCLE: YES or NO

IF SO, WHICH SACRAMENT?

BAPTISM: \_\_\_\_\_

FIRST COMMUNION: \_\_\_\_\_

CONFIRMATION II: \_\_\_\_\_

**\*\* PLEASE NOTE THAT IN ORDER FOR YOUR STUDENT TO RECEIVE A SACRAMENT THEY MUST HAVE  
ATTENDED RELIGIOUS EDUCATION CLASSES FOR THE SCHOOL YEAR PRIOR TO AND THE SCHOOL YEAR  
IN WHICH THE SACRAMENT IS TO BE RECEIVED.**

**REGISTRATION FEE**

**IN ORDER TO OFFSET THE COSTS OF YOUR STUDENT'S BOOKS AND OTHER MATERIALS THERE IS A  
REGISTRATION FEE OF \$35.00 PER CHILD ENROLLED.**

**IF YOU ARE UNABLE TO PAY THE REGISTRATION FEE, PLEASE SEE KRISTEN DANNER. THE MOST  
IMPORTANT THING IS FOR YOUR STUDENT TO BE ENROLLED AND ATTENDING RELIGIOUS  
EDUCATION CLASSES.**

RE USE ONLY:
Fee Paid: _____
Check/Cash: _____

School/Parish St. Paul the Apostle Catholic Church

School/Parish Year: 2019 through 2020

**REGISTRATION CONSENT AND WAIVER FORM for RE/YOUTH ACTIVITIES**

*This Form must be completed and executed for participation in the RE/Youth Activities as a part of registration.*

(Please print)

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Girl/Boy: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Participant resides with (check all that applies): Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian(s) \_\_\_\_\_

Custodial Parent/Legal Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Second Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**PARTICIPATION PERMISSION:** I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be to allowed participate in the RE/Youth programs, events and activities to be held at St. Paul the Apostle Catholic Church \_\_\_\_\_ parish during the 201\_/201\_ school/parish year (the "RE/Youth Activities"). I understand that the RE/Youth Activities consist of weekly sessions and related activities which may be held from time-to-time.

**LOST OR STOLEN ITEMS:** I hereby understand and agree that neither the Archdiocese of Oklahoma City or St. Paul the Apostle Catholic Church \_\_\_\_\_ (Parish/School Name) nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the RE/Youth Activities.

**MEDICAL INFORMATION:** Is Participant taking any medications OR have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) \_\_\_ yes \_\_\_ no **If yes, explain (attach additional sheets as necessary):**

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) \_\_\_ yes \_\_\_ no **If yes, explain (attach additional sheets as necessary):**

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) \_\_\_ yes \_\_\_ no **If yes, explain (attach additional sheets as needed):**

Does your child have any disabilities or physical or developmental limitations? \_\_\_ yes \_\_\_ no **If yes, explain (attach additional sheets as necessary):**

Date of last tetanus immunization: \_\_\_\_\_

Participant's Primary Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_

Group# : \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of primary insured: \_\_\_\_\_

\_\_\_\_\_ (Parent Initial)

As a rule, medication will not be administered by RE/Youth Program staff. The exception is an RE/Youth program or activity that includes an extended day or overnight activity. If medication is required a Consent and Waiver Medication Form must be completed prior to the activity.

**CONSENT TO TREATMENT OF PARTICIPANT:** I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the RE/Youth Activities and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, St. Paul the Apostle Catholic Church (Parish/School Name), the Archbishop of the Archdiocese of Oklahoma City, and the Archdiocese of Oklahoma City and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the RE/Youth Activities, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, housing, meals and collateral entertainment to the fullest extent permitted by law.

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this REGISTRATION CONSENT AND WAIVER FORM FOR RE/YOUTH ACTIVITIES consisting of two (2) pages.

**SIGNATURE:**

Custodial Parent/Guardian Name (please print): \_\_\_\_\_

Custodial Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**ALL PARTICIPANTS FOURTEEN YEARS OF AGE AND OLDER  
MUST READ AND SIGN THE STATEMENT BELOW**

I acknowledge that I agree to conduct myself in a manner consistent with the policies of the St. Paul the Apostle Catholic Church (Parish/School Name) and that failure to do so may result in my being required to leave the RE/Youth Activity, and not being allowed to participate in future programs and activities, at the discretion of the Parish/School.

**SIGNATURE**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDIA RELEASE FORM**

**The parent or guardian of any participants younger than 18 years of age must execute this form. Parents/guardians may grant or deny permission.**

I, hereby give permission for my son/daughter \_\_\_\_\_ to be photographed or videotaped at \_\_\_\_\_ School \_\_\_\_\_ ("School") [OR St. Paul the Apostle Catholic **Church and Parish (the "Church")**] and the Archdiocese of Oklahoma City (the "Archdiocese") and consent to the use by the School [OR **Church**] and the Archdiocese of any videotapes, photographs, slides, audiotapes or any other visual or audio reproduction produced by the School [OR **Church**] and/or the Archdiocese, including my child's name (the "Materials"). I understand that these Materials may be used for promotion activities of the School [OR **Church**] and/or Archdiocese which may include recruitment, fund-raising, advocacy, etc. These materials may appear in published materials and may appear on the School [OR **Church**] and/or Archdiocesan web-site. I give my consent to any such uses the School [OR **Church**] and/or Archdiocese deems appropriate without acknowledgement and without being entitled to remuneration or compensation.

I release the School [OR **Church**], the Archbishop of Oklahoma City and the Archdiocese and the respective employees, staff and volunteers of each, from any and all liabilities or damages incurred in connection with the use of my son/daughter's picture, name or voice recording as part of, or in connection with, the activities described above or similar activities.

**Execution attests that the parent/guardian gives permission for the use of the child's likeness, name or voice in the manner set forth below.**

Date: \_\_\_\_\_ Child's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**OR**

**\_\_\_\_\_ I do not want my child's likeness or voice included in any newspaper, magazine, web-site, television, etc. or published materials.**

Date: \_\_\_\_\_ Child's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_