

**St. Joseph Catholic Church, Maysville**  
 1703 Dublin St. ~ Mobile, AL 36695  
 Religious Education Registration Year 2013

**1. FAMILY INFORMATION**

Are you a registered parishioner?  Yes  No

Mother's Name: (include maiden name)	Are you Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Mailing Address:	Home Phone:
City, State, Zip:	Work Phone:
Email address:	Cell Phone:

Father's Name: (include maiden name)	Are you Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Mailing Address:	Home Phone:
City, State, Zip:	Work Phone:
Email address:	Cell Phone:

Guardian's Name: (include maiden name)	Are you Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian's Mailing Address:	Home Phone:
City, State, Zip:	Work Phone:
Email address:	Cell Phone:

**2. STUDENT INFORMATION**

Child Name:	Gender: Male Female
Child lives with: Both Parents Mother Father Guardian	Date of Birth:
Name of School:	Grade:
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Church: _____ City, State: _____	
First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Church: _____ City, State: _____	
Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Church: _____ City, State: _____	
List any chronic health conditions, allergies, recent serious illness or injury:	
List any educational or behavioral needs (i.e., gifted, dyslexic, ADD, etc.)	

### 3. PARENT/GUARDIAN AGREEMENT

I understand that I, as parent or legal guardian of the child listed above, am required to read the Parent Handbook provided by the Religious Education program at **St. Joseph Catholic Church, Maysville**. I understand and agree to abide by the guidelines, rules and regulations set forth in this handbook. I understand that my child(ren) need(s) to observe the basic rules of conduct, and adhere to the rules stated in the handbook. I understand that failure to comply with the family handbook could bring about disciplinary actions including, in extreme cases, dismissal of my child from the catechetical program.

I understand that I am responsible for sharing the rules, regulations and other important information in this handbook with my child.

Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_

### 4. PICK UP AUTHORIZATION

If your child is in the 4<sup>th</sup> grade or lower, it is mandatory that someone come into the classroom to pick up your child. If a sibling will pick up your child, they must be in the 5<sup>th</sup> grade or higher.

Please list all who have permission to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

### 5. MEDICAL RELEASE

As a parent and/or guardian, I do herewith authorize the treatment of my child by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me first or the emergency contact person listed below.

Name of Minor \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence and only after all efforts have been made to reach me or the emergency contact person(s) listed.

Parent(s) or Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) or Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

### 6. FOR OFFICE USE ONLY

Amt. Paid:	Cash	Check	Check #	Certificate of Baptism: YES	NO
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