



# Saint Olaf Catholic Church

## Religious Education Registration Form

Family Last Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Street

Father's Name: \_\_\_\_\_

City

Zip Code

Father's Cell: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

In emergency, if parents can't be reached:

\_\_\_\_\_

Name

Relationship

Phone#

	Child #1	Child #2	Child #3	Child #4
First Name				
Last Name				
Gender	M      F	M      F	M      F	M      F
Grade	K 1 2 3 4 5 6 7 8	K 1 2 3 4 5 6 7 8	K 1 2 3 4 5 6 7 8	K 1 2 3 4 5 6 7 8
Date of Birth				
Allergies, medical, learning, physical, or behavioral conditions				

Child lives with: both parents: \_\_\_\_\_ mother: \_\_\_\_\_ father: \_\_\_\_\_ other: \_\_\_\_\_

**Please complete reverse side**

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### **PUBLICITY RELEASES/PHOTOS**

I authorize Saint Olaf Catholic Church to use and publish the photographs and/or videotapes for which my child/ren has/have posed, and/or audio recordings made of his/her voice. I agree that Saint Olaf Parish may use such photographs of my child/ren with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, bulletin, Web content, and social media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **MEDICAL RELEASE:**

I hereby indemnify the staff and volunteers Saint Olaf Catholic Church in Bountiful, Utah, from any and all liability arising from any claims of any kind or nature whatsoever, from my child/children's participation in this program. I grant permission for the administration of first aid by staff and/or volunteers of Saint Olaf Catholic Church Religious Education Program as their judgment deems necessary and/or to seek qualified medical care; including emergency medical care.

Parent Signature: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

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### **SAFE ENVIRONMENT**

Diocesan Right Relationship Training: The Salt Lake Diocese requires that parish Religious Education programs offer an age appropriate program that will help guide, teach and reinforce the Catholic teachings on relationships, love and respecting the value of human life. As the parent(s) I understand the program is implemented into the regular curriculum. I allow my child to participate in these classes.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Check if decline: \_\_\_\_\_

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### **OFFICE USE ONLY**

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Cash: \_\_\_\_\_

Check num.: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Registered in Saint Olaf Church?      Yes      No

Office Notes: \_\_\_\_\_

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