St Joseph Church Religious Ed. Registration

	ain City, OH 43064		
Y INFORMATION			
nily Last Name:		Date:	
Father's Name:		Father's Cell / Work:	
Mother's Name:		Mother's Cell / Work:	
Mother's Maiden:			
Home Phone:		Emergency Contact:	
Home Address:		Emergency Phone:	
City, ST Postal:		Both Parents Catholic? Ye	es / No
onal Students			
NT #1 INFORMA	TION		
Child Name:		Catholic?	Yes / No
	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Grade.			
		Reconciliation Prep:	
Session: _ Class: _	(Medical, Learning Disabilities, Phys	Confirmation:	
Session: _ Class: _	(Medical, Learning Disabilities, Phys	Confirmation:	
Session:_ Class:_ Special Needs NT #2 INFORMA	(Medical, Learning Disabilities, Phys	☐ Confirmation:	
Session: Class: Special Needs NT #2 INFORMA Child Name:	(Medical, Learning Disabilities, Phys	☐ Confirmation:	
Session:_ Class: _ Special Needs NT #2 INFORMA' Child Name: _ Gender:	(Medical, Learning Disabilities, Phys	Confirmation: sical Disabilities, etc): Catholic? Sacrament Details	Yes / No
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, Phys	Catholic? Sacrament Details Baptism:	Yes / No
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, Phys	Catholic? Sacrament Details Baptism: Eucharist:	Yes / No Check & Date All Below
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities, Phys	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep:	Yes / No Check & Date All Below
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class:	(Medical, Learning Disabilities, Phys	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation:	Yes / No
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs	(Medical, Learning Disabilities, Phys	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation:	Yes / No Check & Date All Below
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs	(Medical, Learning Disabilities, Physician Male Female (Medical, Learning Disabilities, Physician Company)	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation: Sical Disabilities, etc):	Yes / No Check & Date All Below
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs NT #3 INFORMA Child Name:	(Medical, Learning Disabilities, Physology TION Male Female (Medical, Learning Disabilities, Physology TION	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation: sical Disabilities, etc): Catholic?	Yes / No Check & Date All Below Yes / No
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs NT #3 INFORMA Child Name: Gender:	(Medical, Learning Disabilities, Physology TION Male Female (Medical, Learning Disabilities, Physology TION Male Female	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation: sical Disabilities, etc): Catholic? Sacrament Details	Yes / No Check & Date All Below
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date: Session: Class: Special Needs NT #3 INFORMA Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, Physology TION Male Female (Medical, Learning Disabilities, Physology TION Male Female	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation: sical Disabilities, etc): Catholic? Sacrament Details Baptism:	Yes / No Check & Date All Below Yes / No
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date: Session: Class: Special Needs NT #3 INFORMA Child Name: Gender: Birth Date: Grade: Grade:	(Medical, Learning Disabilities, Physology TION Male Female (Medical, Learning Disabilities, Physology TION Male Female	Catholic? Sacrament Details Baptism: Eucharist: Confirmation: Confirmation: Sical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist: Catholic? Sacrament Details Baptism: Eucharist:	Yes / No Check & Date All Below Yes / No
Session: Class: Special Needs NT #2 INFORMA Child Name: Gender: Birth Date: Session: Class: Special Needs NT #3 INFORMA Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities, Physology TION Male Female (Medical, Learning Disabilities, Physology TION Male Female	Catholic? Sacrament Details Baptism: Eucharist: Catholic? Catholic? Sacrament Details Confirmation: Sical Disabilities, etc): Catholic? Sacrament Details Baptism: Reconciliation Prep: Catholic? Sacrament Details Reconciliation Prep:	Yes / No Check & Date All Below Yes / No Check & Date All Below

#5 INFORMATION Child Name: Catholic? Yes / No Gender: Male Female Sacrament Details Check & Date All Below Birth Date: Baptism: Grade: Eucharist: Session: Reconciliation Prep: Class: Confirmation:	Birth Date: Baptism: Bucharist: Session: Class: Confirmation: Class: Confirmation: Confirmation: Class: Catholic? Yes / No Gender: Male Female Sacrament Details Check & Date All Bell Birth Date: Baptism: Grade: Reconciliation Prep: Check & Date All Bell Birth Date: Reconciliation Prep: Reconciliation Prep: Reconciliation Prep: Reconciliation Prep: Reconciliation Prep: Reconciliation Prep:			_ Catholic?	Yes / No
Grade: Eucharist: Reconciliation Prep: Class: Confirmation: Confirmation: Confirmation: Confirmation: Catholic? Yes / No Gender: Male Female Female Baptism: Grade: Eucharist:	Grade: Eucharist: Reconciliation Prep: Class: Confirmation:	Gender:	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Session:	Session:	Birth Date:		Baptism:	
Class: Confirmation: Confirmation: Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): C#5 INFORMATION Child Name: Catholic? Yes / No Gender: Male Female Sacrament Details Check & Date All Below Birth Date: Baptism: Grade: Eucharist: Session: Reconciliation Prep:	Class: Confirmation: Confirmat	Grade:		_ Eucharist:	
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): T #5 INFORMATION Child Name:	Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): T #5 INFORMATION	Session:		Reconciliation Prep:	
Child Name: Catholic? Yes / No Gender: Male Female Birth Date: Grade: Grade: Session: Catholic? Yes / No Check & Date All Below Eucharist: Reconciliation Prep: Class: Confirmation:	Catholic? Yes / No Gender: Male Female Sacrament Details Check & Date All Bel Birth Date: Baptism: Grade: Eucharist: Session: Reconciliation Prep:	Class:		_ Confirmation:	
Gender: Male Female Sacrament Details Check & Date All Below Birth Date: Baptism: Grade: Eucharist: Session: Reconciliation Prep: Class: Confirmation:	Gender:			Catholic ³	Yes / No
Birth Date: Grade: Baptism: Eucharist: Session: Class: Confirmation:	Birth Date: Baptism: Eucharist: Session: Reconciliation Prep:				•
Grade: Eucharist: Session: Reconciliation Prep: Class: Confirmation:	Grade: Eucharist: Session: Reconciliation Prep:	Gender:	□ Male □ Female		Check & Date All Below
Session: Reconciliation Prep: Class: Confirmation:	Session: Reconciliation Prep:	D' d D			
Class: Confirmation:					
	Class: Confirmation:	Grade:		Eucharist:	
		Grade: Session:		☐ Eucharist: ☐ Reconciliation Prep:	

Parish and Diocesan Policies

Please visit http://www.stjosephpc.org/religioused to read and reference all Parish and Diocesan Policies. STUDENT NAME: PARENT HANDBOOK I have read and understand the Parish School of Religion (PSR) Parent Handbook and that I can refer to it at any time by visiting the PSR area on the St. Joseph website. Parent Signature Date 4116.15 HARASSMENT POLICY — PERSONNEL I, ______, a parent/guardian of a youth participant have received copies of the diocesan policy on harassment. I understand that it is necessary that any complaint of harassment must be filed with the (a) program administrator, (b) pastor or (c) diocesan director of religious education. I have had an opportunity to read the policy and am confident I understand the content and purpose. Date Parent Signature 5140.05 HARASSMENT POLICY — CHILDREN AND YOUTH I, ______, a parent/guardian of a youth participant have received copies of the diocesan policy on harassment. I understand that it is necessary that any complaint of harassment must be filed with the (a) program administrator, (b) pastor or (c) diocesan director of religious education. I have had an opportunity to read the policy and am confident I understand the content and purpose. Parent Signature Date CONSENT FOR EMERGENCY TREATMENT At the time of an emergency, in the event reasonable attempt to contact me have been unsuccessful, I hereby give my consent or any treatment deemed necessary by the preferred listed doctor or dentist, or in the event the listed doctor/dentist is not available by another licensed physician or dentist. I also agree to the transfer of my child(ren) to any reasonably accessible hospital where further consent will be obtained before treatment. Preferred Doctor: Phone: Preferred Dentist: Phone: Parent/Guardian Signature: Date: NON-CONSENT FOR EMERGENCY TREATMENT I do not give my consent for emergency medical treatment of my child(ren). In the event of illness or injury, I wish St. Joseph Church to take the following actions: Parent/Guardian Signature: ______ Date: _____

	POLICY
П	GUIDELINE

CHILDREN, YOUTH AND ADULTS

PERSONALLY IDENTIFIABLE INFORMATION RELEASE FORM The following release form must be signed and dated by the parent of a student prior to releasing personally identifiable information as defined in Policy 5126.0. The release is to be printed on parish letterhead. PARENTS' CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION The undersigned parent(s)/guardian(s) of , a student in (Student Name) the parish school of religion program at St. Joseph Catholic Church (Plain City, OH) hereby Consent to the release of the following personally identifiable information. Specific information to be released: Photos. If name is used in conjunction with photo, it will be first initial, last name. Reason for release: PSR Activities published within the parish and in the Diocese of Columbus. Information to be released via: Parish website and bulletin and in the Catholic Times of the Diocese of Columbus. The undersigned consent to the transfer of the above information to a third or subsequent party. (Parent/Guardian Name) (Date) (Authorized Signature) (Date) Yes No No A copy of the release is requested. (Check One)

Office of Religious Education and Catechesis Catholic Diocese of Columbus

Adopted

08/18