

St Joseph Church

Religious Ed. Registration

670 West Main Street, Plain City, OH 43064

Term: _____

FAMILY INFORMATION

Family Last Name: _____

Date: _____

Father's Name: _____

Father's Cell / Work: _____

Mother's Name: _____

Mother's Cell / Work: _____

Mother's Maiden: _____

Email Address: _____

Home Phone: _____

Emergency Contact: _____

Home Address: _____

Emergency Phone: _____

City, ST Postal: _____

Both Parents Catholic? Yes / No

Additional Students

STUDENT #1 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: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 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: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #3 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: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #4 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: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #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: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____

Tuition PAID: \$ _____

Signature: _____

Parish and Diocesan Policies

Please visit <http://www.stjosephpc.org/religiused> 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.

Parent Signature

Date

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

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)

A copy of the release is requested. (Check One)

Yes No