

# St. Mary Religious Education Form

**2018 to 2019**

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_  
(First) (Middle) (Last) (Public School Fall of 2018)

High School Class: Confirmation I \_\_\_\_\_ Confirmation II \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_  
Street City zip

Home/cell Phone \_\_\_\_\_ Mom's work# \_\_\_\_\_ Dad's work # \_\_\_\_\_

Students Cell# \_\_\_\_\_ Students email \_\_\_\_\_

Birth date \_\_\_\_\_ Place \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name (include maiden name) \_\_\_\_\_

Parents Email Address \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian

## **Reception of Sacraments (Attach Baptismal Certificate)**

Baptism \_\_\_yes \_\_\_no \_\_\_\_\_  
Date Church City/State

Eucharist \_\_\_yes \_\_\_no \_\_\_\_\_  
Date Church City/State

Confirmation \_\_\_yes \_\_\_no \_\_\_\_\_  
Date Church City/State

Student Information: Prior Religious Education \_\_\_yes \_\_\_no (if yes Where) \_\_\_\_\_

Last Religious Education Grade completed \_\_\_\_\_ date completed \_\_\_\_\_ Where \_\_\_\_\_

Are you a registered member of St. Mary Parish? \_\_\_yes \_\_\_no

## **Office Information**

Books/supplies fee: \$15.00 (1) \$25.00 (2) \$30.00 (3 or more)  
\$20.00 Retreat fee for Year II Confirmation Candidates \_\_\_\_\_  
\$10.00 Retreat fee for First Eucharist Candidates \_\_\_\_\_

Paid in full cash \_\_\_\_\_ check# \_\_\_\_\_  
Partial payment cash \_\_\_\_\_ check# \_\_\_\_\_  
Balance \_\_\_\_\_ RE Teacher \_\_\_\_\_

**EXHIBIT J-h**

**YOUTH REGISTRATION, CONSENT, LIABILITY WAIVER**

Parish/School \_\_\_\_\_

Last Name \_\_\_\_\_

**Diocese of Beaumont**

**PLEASE PRINT OR TYPE**

NAME \_\_\_\_\_ SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Last First Middle

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
P.O. Box or Street City State Zip  
Name Business Address Business Phone/Page/Cell, etc.

Mother \_\_\_\_\_

Father \_\_\_\_\_

LIST TWO NEIGHBORS OR RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Tel \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

Note any health conditions such as heart disease, diabetes, eye or ear problems, epilepsy, severe allergies, chronic ailments, etc.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

RELIGION \_\_\_\_\_ CHURCH YOU ATTEND \_\_\_\_\_

GRADE (Fall 20\_\_ ) \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

I/WE THE PARENT(S) GUARDIAN(S) OF THE ABOVE NAMED INDIVIDUAL HEREBY GIVE MY/OUR CONSENT AND APPROVAL FOR HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES SPONSORED BY THE DIOCESE OF BEAUMONT, MOST REVEREND CURTIS J. GUILLORY, BISHOP OF DIOCESE OF BEAUMONT, AND/OR THIS PARISH AND/OR THIS SCHOOL, AND ANY AND ALL ORGANIZERS OR SPONSORS, INCLUDING PARTICIPATION IN ATHLETIC EVENTS. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENT TO THE CONDUCT OF SUCH ACTIVITIES, INCLUDING ANY AND ALL TRANSPORTATION, AND FOR AND IN CONSIDERATION OF THE EDUCATIONAL INSTRUCTION HE/SHE WILL RECEIVE IN CONNECTION THEREWITH, I/WE HEREBY AGREE TO RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS, AND DO BY THIS INSTRUMENT RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE DIOCESE OF BEAUMONT, MOST REVEREND CURTIS J. GUILLORY, BISHOP OF DIOCESE OF BEAUMONT, AND/OR THIS PARISH AND/OR THIS SCHOOL, AND ANY AND ALL ORGANIZERS OR SPONSORS, OF AND FROM ANY AND ALL LIABILITY FOR AN INJURY TO MY/OUR AFORESAID YOUTH, AND I/WE WAIVE ALL CLAIMS OF ANY KIND AGAINST ANY OR ALL OF THE ORGANIZATIONS OR PERSONS HEREIN ABOVE ENUMERATED, INCLUDING ANY AND ALL CLAIMS AGAINST ANY PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM ANY SUCH ACTIVITIES HEREINABOVE NAMED. I WE AUTHORIZE THE PARISH AND/OR SCHOOL AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A PRE-BOARDING SEARCH OF OUR SON'S/DAUGHTER'S LUGGAGE AND/OR BACKPACK AND/OR PURSE FOR ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS OR PERSONNEL. I/WE AUTHORIZE THE PARISH AND/OR SCHOOL AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A SEARCH UP ON OUR SON/DAUGHTER IF HE/SHE IS SUSPECTED TO BE IN POSSESSION OF ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS, OR PERSONNEL.

Date \_\_\_\_\_

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

MUST BE SIGNED BY PARENTS OR GUARDIANS  
REVERSE SIDE OF FORM MUST BE COMPLETED

I give permission for my son/daughter to attend and participate in events sponsored by this particular parish and/or this school and/or Diocese of Beaumont.



TO: Any Physician, Hospital or Authorized Health Care Provider

FROM: The Parent(s) or Guardian(s) of \_\_\_\_\_

RE: Emergency Health/Medical Services

This is to verify that, in the event of my unavailability, a staff member of the Diocese of Beaumont Office, one of its parishes or schools, or an adult advisor of \_\_\_\_\_ is authorized to order emergency medical care for my child named above, and is also authorized to execute any permission slips or other authorization required in connection with such care.

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Please fill in ALL blanks below. If the answer is none or does not apply, write none or N/A in that blank. Every line needs a response

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\_\_\_\_\_

\_\_\_\_\_  
Parent(s) or Guardian(s) Signatures      Date Signed

Insurance Company: \_\_\_\_\_  
Information

Policy Carrier (Name Employer or Individual): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Prescription/Non-Prescription Drugs Currently Being Taken: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Emergency  
Contacts

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**A PHOTOCO PY OF BOTH SIDES OF MAJOR MEDICAL INSURANCE ID CARD MUST BE ATTACHED.**