



# 2019-2020 Religious Education Registration

We appreciate a \$25 per child or \$50 per family contribution per year to help offset the costs of materials and activities.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

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

Can we text you?  
Yes or No (Circle)

Parents' Names & Cell Phone \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact and Pickup (other than Parents)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Any allergies or Medical information we should know about? \_\_\_\_\_  
\_\_\_\_\_

## Would you be interested in volunteering in one of the following areas?

Classroom help \_\_\_\_\_

Substitute Teaching \_\_\_\_\_

Special events \_\_\_\_\_

Advent Program \_\_\_\_\_

Cook/Clean-up \_\_\_\_\_

Family Sunday Help \_\_\_\_\_

Help at Youth Mass \_\_\_\_\_

# St. Raphael Youth Group 2019-20

## ***Medical Release:***

I, \_\_\_\_\_ understand St. Raphael Church will make every effort  
Parent/Guardian Name  
to contact me, or those named, in case of an emergency requiring a physician. However, if unable to make contact, the Church leaders are hereby authorized to take whatever action is deemed necessary in their judgement for the health of the child, \_\_\_\_\_.  
Child's Name

I also understand the Church has no financial responsibility for emergency care for my child or transportation in an emergency care for my child or transportation in an emergency vehicle should the need arise.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## ***Permission to Photograph:***

I, \_\_\_\_\_ grant St. Raphael Church permission to use  
Parent/Guardian Name  
photographs of my child, \_\_\_\_\_, in its publications (newsletter,  
Child's Name  
emails, bulletins, slideshows, etc.), including website and social media entries.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## ***Permission to leave the building:***

I, \_\_\_\_\_ grant St. Raphael Church permission to leave church grounds with my  
Parent/Guardian Name  
child, \_\_\_\_\_, on pre-approved field trips. St. Raphael Church will be required to  
Child's Name  
give all parents of children leaving the building prior notice of the field trip.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_