

**Diocese of Corpus Christi Registration Form
St. Elizabeth of Hungary Catholic Church**

Checks are made payable to St. Elizabeth Catholic Church

TUITION & FEES: \$20.00(One Child) \$30.00(2 Children) \$35.00(3 children) \$5.00 additional dollars per child with 4 or more children

1. FAMILY INFORMATION **New families are asked to submit a copy of each child's Baptism certificate along with this form.

Mother's Mailing Address:	Home #:
City, State, Zip:	Work #:
Mother's E-mail Address: Cell #:	
Father's Name: Religion:	
Father's Mailing Address:	Home #:
City, State, Zip:	Work #:
Father's E-mail Address:	Cell #:

2. STUDENT INFORMATION If more than 3 children, please use an additional form

	Child # 1	Child # 2	Child # 3
First and Middle Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: <i>mm/dd/yy</i>			
Where did your child receive Religious Education in previous year			
Religious Education Level for 2021-2022	<i>Please circle ONE:</i> Pre-K K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12	<i>Please circle ONE:</i> Pre-K K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12	<i>Please circle ONE:</i> Pre-K K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12
Received Catholic Baptism? If no, which denomination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptism Date			
Baptism: Church/City/State			
Received First Reconciliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received First Eucharist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received Confirmation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. SPECIAL NEEDS (EDUCATIONAL) INFORMATION

Information listed below remains confidential and will only be used for purposes related to assisting the Catechist. If more space is needed, please attach a separate sheet to this form. It is recommended that parents of children that have special needs also be provided a one on one meeting with the parish catechetical leader to discuss learning needs.

Name of Child # 1:

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, IEP, etc.)

Name of Child # 2:

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

Name of Child # 3:

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

4. PICK-UP AUTHORIZATION

Please list below those who are authorized by you to pick-up your child from class:

1. Name:

Phone:

Relationship to child:

2. Name

Phone:

Relationship to child:

Additional Information:

Diocese of Corpus Christi
Office of Evangelization and Catechesis

Parish: St. Elizabeth of Hungary Catholic Church

PARENTAL/GUARDIAN CONSENT, LIABILITY

PHOTOGRAPHY/VIDEOGRAPHY CONSENT

Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual)

I (_____) , grant permission for my child, (_____) ,
to participate in activities to be held at St. Elizabeth of Hungary

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to release and hold harmless and defend the Diocese of Corpus Christi, the sponsoring parish (its pastor, youth minister, principal, volunteers, other agents, etc.) or any representatives associated with the scheduled activity from all damages, claims, suits, expenses and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, volunteers, and employees.

As a parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

_____ Signature (Parent/Guardian) _____ Date

_____ Signature (Participant 18 years of age or older must sign own consent)

MEDICAL CONSENT
Please complete one per child/teen

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship Phone _____ Medications:

Family Doctor _____ Phone _____

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication(s): Dosage:

Administer:

I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has had an episode of the following:

Allergic reactions to the following (foods, dyes, latex etc.)

Has had a medical surgery within the last six months? Yes No

Has a medically prescribed diet?

The following physical limitations?

Immunizations current and up to date: Yes No

You should also be aware of these special medical conditions of my child:

Insurance Information

Insurance Carrier:

Name of Insured:

Insurance Policy Number:

Father's Name:

Day Phone:

Mother's Name:

Day Phone:

____ No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent) Date