

St. Christopher, St. Sylvia and Good Shepherd Religious Education
2021-2022 Registration Form

For Office Use Only
Date Rec'd _____
Payment Rec'd _____
Day _____
Volunteer _____

(Circle Day of Preference)

GRADES K,1,2,3,4,5,6:	Classes offered on Wednesday from 4:30-5:45 pm
GRADES 1,2,3,4,5,6:	Classes offered on Thursday from 4:30-5:45 pm
Youth Alive(7th & 8th):	Classes offered Every Other Tuesday or Thursday from 6:30-8:00 pm

(If attendance is low for your grade on your preferred day, you will be asked to switch)

**Our Religious Education program expects attendance at Mass every weekend and all Holy Days of Obligation by the child and at least one parent. I am aware of and agree to abide by this Mass attendance policy.*

Required parent signature* _____ **Date:** _____

Family Information

Father's Name _____ Religion: _____

Mother's (w/Maiden) Name: _____ Religion: _____

Family email _____

Mailing address _____

Phones: Home _____ Mother's cell _____

Father's Cell _____ Other _____

The child(ren) live with both parents Mom Dad Other: _____

If parents do not live together but custody is shared, mailings will be sent to both addresses.

If one parent/guardian has full custody, please provide copies of custody papers. This helps us clarify who is eligible to make decisions about the child(ren)'s religious education.

Second mailing address _____

Second parent e-mail (only if parents do not live together): _____

*Emergency contact (person to contact if parent/guardian cannot be reached): *(Can the emergency contact pick up your children? Y ___ N ___)*

Name: _____ Relationship: _____

Home phone: _____ Cell/work phone: _____

***Names of adults (18 or older) in addition to parents/guardian who are allowed to pick up your child(ren) **(NO MORE THAN 3!)**:

Medical Release

Child(ren)s doctor: _____

Address: _____ Phone: _____

In case of illness or accident, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment, and/or medication deemed necessary.

To the best of my knowledge, all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Legal Guardian Signature: _____ Date: _____

Student Information:

STUDENT NAME _____

Birthdate _____ Born in what city/state _____

School _____ Grade _____ Age _____

Allergies, special health, or learning concerns we should be aware of:

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 st Eucharist			
1 st Reconciliation			

STUDENT NAME _____

Birthdate _____ Born in what city/state _____

School _____ Grade _____ Age _____

Allergies, special health, or learning concerns we should be aware of:

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 st Eucharist			
1 st Reconciliation			

STUDENT NAME _____

Birthdate _____ Born in what city/state _____

School _____ Grade _____ Age _____

Allergies, special health, or learning concerns we should be aware of:

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 st Eucharist			
1 st Reconciliation			

Media Authorization and Release

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of my children or children of whom I am the designated guardian

Name(s) of Child(ren)

by St. Christopher's and St. Sylvia's Parish, the Archdiocese of New York and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors (the "Parish"). I hereby grant to the parish the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, Internet, and Pod-Casts. I forever grant, assign, and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

Signature of Parent or Guardian

Date