

**HOLY FAMILY CATHOLIC CHURCH
RELIGIOUS EDUCATION ASSOCIATION
REGISTRATION FORM**

\$30.00 - One Person
\$40.00 - Family (2)
\$50.00 - Family (3)
Paid: _____
Yes _____ No _____

2011 Briar Lane, Wharton, TX

(979) 532-3593 (Office)

Student ID Current Grade CurrentAge:

First Name Middle Name Last Name

DOB Place of Birth

Mailing Address

City, State Zip

Physical Address (if different than above)

City, State Zip

Registered Church Member

Signature: _____ **Date:** _____

Fathers Last Name Fathers First Name Fathers Religion

Mothers Last Name Mothers First Name Mothers Religion

Guardians Last Name Guardians First Name Guardians Religion

Phone Number Work Number Cell Number Email

Baptism Date Baptism Church City, State

Communion Date Communion Church City, State

Confirmation Date Confirmation Church City, State

Emergency Contact #1 Home Phone Work Phone

EmergencyContact #2 Home Phone Work Phone

Please list any person(s) NOT allowed to pick your child up from CCD activities.

How are you willing to help out with the CCD program?

- Primary Teacher**
- Assistant Teacher**
- Substitute Teacher**
- Hall Monitor**

I agree to follow the policies and procedures as in the 2018/19 Holy Family CCD Handbook

**OFFICE OF YOUTH MINISTRY AND YOUNG ADULT MINISTRY
DIOCESE OF VICTORIA IN TEXAS
PERMISSION FORM/MEDICAL RELEASE**

NAME _____ Sex _____ Grade _____
 Address _____ City, St/Zip _____
 Phone _____
 Age _____ Birthdate _____ Parish Holy Family Catholic Church _____

PARENT'S NAME _____
 GUARDIAN'S NAME _____
 Address (if different than above) _____
 Phone _____ Cell _____ Wk _____

I hereby consent to the participation by my son/daughter, _____ in

all church sponsored activities from August 1, 2018 thru August 31, 2019 sponsored by Holy Family Catholic Church or the Diocese of Victoria in Texas. I understand that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless Holy Family Catholic Church and the Diocese of Victoria, its' clergy, officers, agents, employees and volunteers from claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity.

I grant permission for non-prescriptive medicine (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine non-surgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

_____ Date _____ Parent's Signature _____

Family Physician _____ Phone _____
 Address _____ City/State/Zip _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems or physical limitations _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Work Phone _____ Home Phone _____

Name _____ Work Phone _____ Home Phone _____

Name of Insurance Company _____ Phone _____

Address _____

City/St/Zip _____

Name of Insured _____ Policy # _____