

# SACRED HEART CATHOLIC CHURCH RELIGIOUS EDUCATION & YOUTH MINISTRY REGISTRATION AND EMERGENCY FORM

In compliance with the Code of Canon Law and Sacred Heart Catholic Church Policy for the **2009-2010** school year, please complete the entire form (front and back). **Please Print.**

## STUDENT INFORMATION AND BACKGROUND

**Student Name:**

\_\_\_\_\_  
Last First Middle

**Address:**

\_\_\_\_\_  
Street City Zip (XXX) XXX-XXXX

**Home Phone:**

**Sex:**

**Male** **Female**  
(Circle One)

**Date of Birth:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM/DD/YYYY)

**Place of Birth:**

\_\_\_\_ City, State

**Current Grade:**

**School Attending:**

**Email Address of Parent:** \_\_\_\_\_

## SACRAMENTAL BACKGROUND

**Baptism:**

**Yes** **No**  
(Circle One)

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM/DD/YYYY)

**Church:**

\_\_\_\_ Name, City, State

**Reconciliation:**

**Yes** **No**  
(Circle One)

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM/DD/YYYY)

**Church:**

\_\_\_\_ Name, City, State

**Eucharist:**

**Yes** **No**  
(Circle One)

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM/DD/YYYY)

**Church:**

\_\_\_\_ Name, City State

**Confirmation:**

**Yes** **No**  
(Circle One)

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM/DD/YYYY)

**Church:**

\_\_\_\_ Name, City, State

*NOTE: A Copy of any previous sacramental certificate is required to be on file with the Office of Religious Education.*

## PARENTIAL INFORMATION

**Father's Name:**

\_\_\_\_\_  
Last, First, Middle

**Mother's Name:**

\_\_\_\_\_  
Last, First, Middle

**Married:**

**Yes** **No**  
(Circle One)

**Divorced**

**Mothers Maiden Name:**

**Religion of Father:**

**Religion of Mother:**

**Child Lives with**

**Mother**

**Father**

**Both**

**Guardian**

(Circle One)

**Do both parents have legal access to child?**

**Yes** **No**

(Circle One)

**Guardian Name:**

\_\_\_\_\_  
Last, First, Middle

**Date of Guardianship:**

\_\_\_\_ (MM/DD/YYYY)

**Guardianship Granted by:**

**Death**

**Court Order**

**Date of Order:**

(Circle One)

\_\_\_\_ (MM/DD/YYYY)

Are there any other Court Orders or is there any other information we need to know to keep your child safe?

**Yes** (Attach written explanation)

**No**

(Circle One)

**Office Use Only**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ID#:** \_\_\_\_\_

# SACRED HEART CATHOLIC CHURCH RELIGIOUS EDUCATION & YOUTH MINISTRY REGISTRATION AND EMERGENCY FORM

## **MEDICAL INFORMATION AND EMERGENCY RELEASE**

This information is and will be kept confidential. This information will only be released to medical personnel in the event your child requires medical attention.

**Medical/Special Needs/Allergies:** (Please list all medical or special needs, if none, write NONE.)

**Medications:** (Please list all known allergies, if none known, write NONE KNOWN)

**Teaching/Classroom Accommodations Needed?**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last, First, Middle (XXX) XXX-XXXX

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last, First, Middle (XXX) XXX-XXXX

Mom Cell: ( ) - Dad Cell: ( ) -  
(XXX) XXX-XXXX (XXX) XXX-XXXX

## **AUTHORIZATION TO ENROLL IN RELIGIOUS EDUCATION AND AUTHORIZATION TO PROVIDE MEDICAL SERVICES AND RELEASE**

**Parents:** Do you authorize the enrollment of your child in religious education program at Sacred Heart Church, and if you or your Doctor cannot be reached in an emergency and if in the judgment of the Parish authorities immediate medical and/or hospital attention is required, do you authorize the Parish authorities to send your child, properly accompanied, to an available hospital or doctor, and do you authorize the treatment of your minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed? This consent is granted only after a reasonable effort has been made to reach you the parent(s)

Parent/Guardian: Yes No Signature: \_\_\_\_\_

## **AUTHORIZATION TO TAKE, RELEASE AND PUBLISH PHOTOGRAPHS**

**Parents:** Do you authorize the staff of Sacred Heart Church to photograph, publish and post photographs of your child(ren) engaged in normal parish activities for the purpose of creating a pictorial history of the parish program as well as to inform parents and the parish of children's activities?

Parent/Guardian: Yes No Signature: \_\_\_\_\_

## **CREATING A SAFE ENVIRONMENT**

**Parents:** Have you received the Safe Environment information from the Diocese of Orlando, which includes a safe environment video, booklet and internet policies of the diocese?

Parent/Guardian: Yes No Signature: \_\_\_\_\_

**Office Use Only**

**Date Mailed:**

\_\_\_/\_\_\_/\_\_\_