

ST. FRANCIS OF ASSISI PARISH • FAITH FORMATION REGISTRATION

Central Office
8 E Maple Street, PO Box 684,
Dale, IN 47523

Registration Fee: \$25 per child/\$75 max per family
Make checks payable to: "St. Francis Parish"
Please return this form and payment by August 1, 2017

FAMILY INFORMATION

Father's Name _____ Mailing Address: _____
(Street or PO Box)

Mother's Name _____
City State Zip

Email _____

Would you like to receive email reminders and notifications of cancellations? yes no

Home Phone # _____

Father's Cell # _____

Would you like to receive text message reminders and notifications of cancellations? yes no

Mother's Cell # _____

Would you like to receive text message reminders and notifications of cancellations? yes no

Emergency Contact (when parents cannot be reached): _____
Name Phone Number

STUDENT INFORMATION

1. _____
Student's Name Grade Date of Birth Age

This child will attend class at: (check one)

St. Nicholas (Gr. 1-4) St. Joseph (Gr. 1-8) Mary Help (Gr. 1-8) Encounter (Gr. 9-12)

Has this child been Baptized? yes no

Has this child received their First Communion? yes no

Has this child been Confirmed? yes no

2. _____
Student's Name Grade Date of Birth Age

This child will attend class at: (check one)

St. Nicholas (Gr. 1-4) St. Joseph (Gr. 1-8) Mary Help (Gr. 1-8) Encounter (Gr. 9-12)

Has this child been Baptized? yes no

Has this child received their First Communion? yes no

Has this child been Confirmed? yes no

3. _____
Student's Name Grade Date of Birth Age

This child will attend class at: (check one)

St. Nicholas (Gr. 1-4) St. Joseph (Gr. 1-8) Mary Help (Gr. 1-8) Encounter (Gr. 9-12)

Has this child been Baptized? yes no

Has this child received their First Communion? yes no

Has this child been Confirmed? yes no

MEDICAL INFORMATION

Family Physician _____
Name Phone Number

Family Insurance Carrier: _____
Name Phone Number

Insurance Policy Number: _____

Please list all allergies (especially food related): _____

List any chronic or existing disease or medical problems (i.e. diabetes, asthma, epilepsy):

List any medications your child is taking on a regular basis: _____

Should it become necessary, please list any instructions for care of the above: _____

Are parents separated or divorced? ___yes ___no If yes, who has custody? _____

Who is authorized to pick-up the child(ren)? _____

List anyone restrained from picking up the child(ren): _____

It is the responsibility of the parent/guardian to keep parish staff informed about such matters and to provide copies of relevant court orders and decrees.

DIOCESAN EVENT WAIVER

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, St. Francis of Assisi Parish, Rev. John Brosmer, Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event. It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury. In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician. I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS). Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya.html). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Signature: _____ Date: _____