

FAMILY NAME

RELIGIOUS EDUCATION REGISTRATION

Holy Redeemer Parish

(Holy Redeemer Church, Holy Trinity Church, Our Lady of the Snows Church & Holy Family Church)

Kindergarten - 12th grade

To be completed by parent/guardian of minor

Religious Education Registration Fee:

\$10.00/child - Level K

\$20.00/child - Level 1-6

\$5.00/child - 6th thru 12th Grade

If you are unable to pay these amounts please contact Debbie Garrett @ 541-536-1992 or debbieg73@msn.com

We do not want any child denied the right to learn about God due to financial reasons!

Is your family registered in the Parish? Yes _____ No _____

{If you are not registered @ Holy Redeemer Parish, please consider giving a donation to help cover the ongoing expenses of our Religious Education Program.}

<u>Student's full name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Grade</u>	<u>Sacrament's received</u>	<u>T-Shirt size</u>
1.)					
2.)					
3.)					
4.)					
5.)					

Please list student's special needs, if any

(for example: allergies, disabilities, chronic illness or other needs)

Student name

Please list all medications prescribed

Is your Child (ren) taking medication prescribed by a physician, please list below. ANY MEDICATION TO BE TAKEN DURING CLASS MUST BE GIVEN to the Director of Religious Education and will be dispensed according to directions.

Students name	medication name & dosage	time to be taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Father/Guardian	Hm. Phone	Wk. Phone	Cell Phone	email
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Mother/Guardian	Hm. Phone	Wk. Phone	Cell Phone	email
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Mailing address

Street address

If not available in an emergency, please contact:

Name _____ **Phone** _____ **Relationship** _____

This program involves parents as well as students, please check areas you can help with:

Religious Education Teacher _____ Teacher Assistant _____ Substitute Teacher _____ Retreats _____
Music _____ Snack preparation _____ Assist with games/activities _____ youth bus pick up _____

I give my consent for the administration of any emergency treatment deemed necessary by a registered nurse, EMT, licensed physician or dentist; and the transfer of the minor to any hospital reasonably accessible when medically necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Family Physician _____ Phone _____
Dentist/Orthodontist _____ Phone _____

Do you carry medical/hospital insurance? Yes ___ No ___

If yes please indicate:

Company _____

Policy/Group Number _____

RELEASE OF ALL CLAIMS

In consideration of the permission granted to the above named by Holy Redeemer Parish to participate in Religious Education (2011–2012), I hereby release the Bishop of the Diocese of Baker, the Diocese, Holy Redeemer Parish, its agents and employees from all action, causes of actions, or damages claims, demands which I my heirs, executors, administrators, or assigns may have against the Diocese of Baker and other above described parties, for all personal injuries or to other claims for relief known or unknown which said child(ren) or ward(s) has or may incur by participating in the above described activity/event and which would normally occur as an assumed risk of participating in said activity or activities. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on the _____ Day of _____ 20 _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

SAFE ENVIRONMENT TRAINING FOR PARENTS

In order for the Diocese to be in compliance with Article 12 of the Charter, the parents of every child in Catholic School or CCD will need to complete the section below. Please indicate your choice. Once parents participate in the *Healthy Families: Safe Children* Program offered in the Parish, whether for Marriage or Baptism Class or during the School year, no further annual training sessions in this program will be required.

- I will participate or have participated in the Parish Program in which the *Healthy Families: Safe Children* Program is viewed and discussed. I choose no further instruction for my children.
- My child has participated in a “safe environment” program through the local public school and I do not wish to participate in the *Healthy Families: Safe Children* Program.
- I do not wish to participate in the *Healthy Families: Safe Children* Program and I assume full and complete responsibility for the well being of my child.

In witness whereof, I have executed this release on the _____ Day of _____ 20 _____

PARENT/GUARDIAN’S SIGNATURE _____ DATE _____

Copy this last page and send to: Charter Compliance
Diocese of Baker
PO Box 5999
Bend, Oregon 97708