

CHILDREN'S RELIGIOUS EDUCATION

REGISTRATION 2011 – 2012

How many children from your family will you be registering? _____

STUDENT INFORMATION #1

Name: (first) _____ (last) _____

Date of Birth: (year) _____ (month) _____ (day) _____

Boy ____ Girl ____ Grade _____

Sacraments Received:

Baptism Eucharist Reconciliation Confirmation

STUDENT INFORMATION #2

Name: (first) _____ (last) _____

Date of Birth: (year) _____ (month) _____ (day) _____

Boy ____ Girl ____ Grade _____

Sacraments Received:

Baptism Eucharist Reconciliation Confirmation

STUDENT INFORMATION #3

Name: (first) _____ (last) _____

Date of Birth: (year) _____ (month) _____ (day) _____

Boy ____ Girl ____ Grade _____

Sacraments Received:

Baptism Eucharist Reconciliation Confirmation

FAMILY INFORMATION

Home Address: _____

Home Telephone: _____ E-mail: _____

Child lives with:

Mother Father Guardian (relationship) _____

Mother's / Guardian's Name: _____

Cell #: _____ Work #: _____

Father's Name: _____

Cell #: _____ Work #: _____

MEDICAL & EMERGENCY INFORMATION

Child's Care Card # _____

For the safety of your child please answer the following questions:

1. Does your child have any allergies? Yes No

2. If your child has an allergy, please identify:

a) Nature of the allergy: _____

b) Symptoms of the allergy: _____

c) Immediate action that needs to be taken: _____

3. Does your child have any other medical condition ? Yes No

If Yes - Please specify:

4. Please identify any legal/custodial issues of which we should be aware.

5. In case of an emergency, we would always try to reach the parents first, however if you are not able to be reached whom shall we contact?

• Name: _____ Relationship: _____

Telephone # _____

• Name: _____ Relationship: _____

Telephone # _____

6. In case of an emergency or if your child needs to be picked up by someone other than the parents or guardian, who may pick up your child?

• _____ same as above in # 5 OR

• Name: _____ Relationship: _____

Telephone # _____

7. Is there any additional information that you wish to provide for the wellbeing or safety of your child?

8. From time to time photographs of your child or his/her work may be displayed in the parish or by the community media (ie. newspaper). If such an occasion should arise, do you give permission for your child's picture and/or work to be displayed or published? Yes No

Parent/Guardian's Signature: _____ Date: _____

9. "Many hands make light work" – Occasionally we need help with special activities and will be asking you to share your time or talents if your schedule allows. In what areas might you be able to help?

___ baking/cooking ___ crafts
___ sewing ___ woodworking
___ photography ___ driving to special events
___ other? _____

Please note: there is a contribution of \$25 per student to a maximum of \$50 per family. Cheques may be made payable to Saanich Peninsula Parish