

2017-2018 ST. GERARD PARISH

1st - 8th GRADE RELIGIOUS EDUCATION REGISTRATION FORM

Mother's Name _____ <small>[LAST] [FIRST]</small>	Father's Name _____ <small>[LAST] [FIRST]</small>
Address _____ City/Zip _____	Address _____ City/Zip _____ <small>(If different)</small>
Home Ph _____ Cell Ph _____ Work Ph _____	Home Ph _____ Cell Ph _____ Work Ph _____ <small>(If different)</small>
Email _____ Religion _____ <small>(primary email for receiving important messages)</small>	Email _____ Religion _____ <small>(primary email for receiving important messages)</small>

Child(ren) reside with: BOTH Parents MOTHER only FATHER only SHARED Custody Other _____

Emergency Contact _____ Ph# _____

Are you a member of St. Gerard Parish? Yes No [Relationship to Child(ren)]

1st THROUGH 8th GRADE	M/F	DATE of BIRTH	GRADE in the Fall	SCHOOL ATTENDING	CLASS CHOICE		BAPTISM INFORMATION	T-SHIRT SIZE
					SUMMER CAMP	SUNDAY CAMP	CHURCH & LOCATION	
1.								YOUTH: S M L XL ADULT: S M L XL
2.								YOUTH: S M L XL ADULT: S M L XL
3.								YOUTH: S M L XL ADULT: S M L XL

TUTION: 1st- 8th Grade:

- 1 child \$75
- 2 children \$150
- 3 or more \$200

\$25 deposit due with registration to secure your child(s) placement, remaining balance is due July 1st for the summer program and October 1st for the Sunday program.

FINANCIAL ASSISTANCE

Please check this box if you are in need of tuition assistance.

PLEASE COMPLETE INFORMATION BELOW FOR EACH CHILD REGISTERED

CHILD'S NAME _____ **FOOD ALLERGIES:** _____

PLEASE LIST ANY MEDICAL/PHYSICAL/PSYCHOLOGICAL/EMOTIONAL ISSUES OR LIMITATIONS WE SHOULD BE AWARE OF:

CHILD'S NAME _____ **FOOD ALLERGIES:** _____

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CHILD'S NAME _____ **FOOD ALLERGIES:** _____

PLEASE LIST ANY MEDICAL/PHYSICAL/PSYCHOLOGICAL/EMOTIONAL ISSUES OR LIMITATIONS WE SHOULD BE AWARE OF:

PHOTO RELEASE

____ **Yes**, I hereby grant St. Gerard Catholic Church, their legal representative, or those for whom they are acting, the absolute right and permission to copyright and use photographic portraits or pictures of my child for display during the 2017-2018 academic year. Photos may be used for marketing purposes such as in the church bulletin, displays, diocesan or parish websites, FAITH magazine, etc.

I hereby waive any right I may have to inspect or approve the finished product or products.

I hereby release St. Gerard Catholic Church, their representatives, or those for whom they are acting, from any liability for any violation of any personal or proprietary right I may have in connection with the use of the above stated images.

I state further that I have read the above authorization, release and agreement and that I am fully familiar with its contents.

____ **No**, I decline to have my child's photograph displayed; however, I do allow my child to be in unidentified group pictures with no names mentioned. If you wish to be excluded, please contact the Religious Education Office.

FAMILY DIRECTORY

____ **Yes**, I give permission to publish my family's information (parents & students names, address and e-mail) in the St. Gerard Religious Education Directory. This directory is being published for the sole purpose of allowing campers to connect with each other outside of camp.

____ **No**, please do NOT publish my family's information in the directory.

PARENT/GUARDIAN PERMISSION

As a registered parishioner of St. Gerard Parish, I hereby consent to the participation of my child(ren) listed above in St. Gerard Religious Education Programs for the 2017-2018 academic year. I understand these programs will take place on the parish grounds and that my child(ren) will be under the supervision of authorized parish personnel.

Signature _____ **Date** ____/____/____