

ST. JOSEPH CHURCH (HILO, HI) | RELIGIOUS EDUCATION DEPARTMENT

PLEASE PRINT OR TYPE

One Student per Form

STUDENT NAME:

NEW STUDENT REGISTRATION

Last

First

Middle

Nickname

Birthdate

:

Grade:

School:

Family Name:

Head of Household

Spouse

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Title: _____

Title: _____

Suffix: _____

Family Information:

Street Address: _____

City

State

Zip Code

Phone Number:

1)

Home

Cell

Office

Other

2)

Home

Cell

Office

Other

Mailing Address: (if different than street)

City

State

Zip Code

Parent/Guardian Information:

Father Information:

Name: _____

Phones: _____

Home

Cell

Office

Other

Send Email when possible? _____

Email Address: _____

Occupation: _____

Place of Employment: _____

Mother Information:

Name: _____

Maiden Name: _____

Phones: _____

Home

Cell

Office

Other

Send Email when possible? _____

Email Address: _____

Occupation: _____

Place of Employment: _____

Siblings in PARISH RE Program:

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Sacraments:

Birthplace: _____
CITY STATE COUNTRY

*Does your child need sacraments? **If yes, please circle the sacrament below.** If not, please provide us with the information for your child's sacrament along with **copies of their sacrament certificates.***

Baptism:

Name: _____

Date: _____

Performed by: _____

Church Name: _____

Church Address: _____

Godparent(s)/Primary Sponsor(s): _____

First Communion:

Name: _____

Date: _____

Performed by: _____

Church Name: _____

Church Address: _____

Confirmation:

Name: _____

Date: _____

Performed by: _____

Church Name: _____

Church Address: _____

Sponsor(s) _____

Previous Faith Formation/Catechesis Classes: *(Complete only if this is student's FIRST YEAR with St. Joseph Church)*

Date: _____ Parish Name: _____ Grade/Class: _____

Date: _____ Parish Name: _____ Grade/Class: _____

Date: _____ Parish Name: _____ Grade/Class: _____

Date: _____ Parish Name: _____ Grade/Class: _____

STUDENT EMERGENCY MEDICAL RELEASE FORM

One Student per Form



STUDENT: LAST FIRST MIDDLE AGE GRADE

SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESS, MEDICATIONS, PHYSICAL OR MENTAL IMPAIRMENTS OR OTHER CONDITIONS OF THE MINOR NAMED ABOVE.

MINOR'S PHYSICIAN PHONE NUMBER INSURANCE CO. & POLICY #



IN THE EVENT OF AN EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL THE FOLLOWING:

1) _____
NAME & RELATIONSHIP (i.e. Grandparent/Neighbor/Family Friend) Cell Phone Home Phone

2) _____
NAME & RELATIONSHIP (i.e. Grandparent/Neighbor/Family Friend) Cell Phone Home Phone



TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the minor, _____, in the event of a medical emergency which, in the opinion of the standing physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

This authority is granted only after a responsible effort has been made to reach me.

THIS RELEASE IS EFFECTIVE FROM AUGUST 2019 TO JUNE 2020.

This release form is completed and signed by my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

PARENT OR LEGAL GUARDIAN NAME

DATE

ONE FORM PER FAMILY; PLEASE LIST ALL YOUR CHILDREN IN THE RE PROGRAM HERE

ST. JOSEPH CHURCH | RELIGIOUS EDUCATION

2019-2020

FAMILY PHOTO RELEASE FORM

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Yes, I grant St. Joseph Church the right to use pictures/videos taken of my child for use in the weekly parish bulletin, promotional displays, brochures, videos, news releases, parish-sponsored website, and other publications. In view of the mutual benefits resulting from said publicity, there will be no other form of pay or remuneration.

No, photos/videos of my child may not be used for the purposes listed above.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Safe Environment Program 2019-2020

Consistent with diocesan policy, St. Joseph Church will conduct Safe Environment training as part of the religious education curriculum. This curriculum is faith based and is designed to be taught in appropriate grade levels. A meeting will be held before the class is conducted to provide parents an opportunity to review the safe environment materials.

- ___ Yes, I give my consent for my child(ren) to participate in the Safe Environment training program.
- ___ No, I do not give my consent for my child(ren) to participate in Safe Environment training program.
- ___ I will attend the parent class and make my decision at that time.

PRINT (Parent/Guardian NAME) : _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parent Acknowledgement Form for RE Program Handbook 2019-2020

This is to acknowledge that I/we have received the St. Joseph Church Family Handbook for Religious Education. We understand and agree to cooperate with parish policies set forth in the handbook.

PRINT (Parent/Guardian NAME) : _____