

**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)*

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.

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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 2020 TO JULY 2021.**

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

## \*\*\*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**

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.

Signed (Parent/Guardian)		
Print(Student)	Signed (Student)	Grade
Print(Student)	Signed (Student)	Grade
Print(Student)	Signed (Student)	Grade
Print(Student)	Signed (Student)	Grade

**Parent Acknowledgement Form for RE Program Handbook**

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

Signed (Parent/Guardian)		
Print(Student)	Signed (Student)	Grade
Print(Student)	Signed (Student)	Grade
Print(Student)	Signed (Student)	Grade
Print(Student)	Signed (Student)	Grade