



RISEN CHRIST CATHOLIC CHURCH

Religious Education Program Registration

Kindergarten – 12th Grade

2019-2020

STUDENT INFORMATION

Name: _____

Birthday: _____ Age: _____

School: _____ Grade: _____

Baptism Place: _____ Year: _____

1st Communion Place: _____ Year: _____

Student Cell Phone: _____

Group Texts Messaging ok? Y N

PARENT / GUARDIAN INFORMATION

Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Are you a member of Risen Christ Parish? Y N (There is a \$65 charge for Religious Formation for non-members.)

Are you interested in being involved in your child's formation at the parish as a teacher, aide or other? Explain.

According to Diocesan policy, any new volunteers for the Youth and Child Religious Formation programs must apply for a background check and attend VIRTUS Awareness Training. Have you completed this training? Y N

Parental/Guardian Consent Form and Liability Waiver

This is a once-a-year consent form and your child will be able to participate in all field trips offered to his/her class during the current school year. You will be notified in advance of any field trip and will be able to consent to your child's participation or refuse consent. This form must be utilized for: Day and overnight field trips; Day and overnight retreats; Youth athletic participation.

I, the undersigned, hereby give permission for my son/daughter to attend and participate in field trips, retreats and athletic events occurring during the school year 2018-2019. If the event requires transportation to a location away from the parish site, I give permission for my son/daughter to be transported to and from the event by a driver who has been cleared by the Diocese of Helena with a background check.

If needed, I give permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Diocese of Helena and Risen Christ Catholic Church of all responsibility and consequence that may arise as a result of this treatment. I will not hold the Diocese of Helena, Risen Christ Catholic Church, chaperones, or representatives associated with the event responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of such treatment. My child agrees to abide by all rules and regulation attached to this event. I understand the Diocese of Helena and Risen Christ Catholic Church will not be held liable if my child fails to cooperate with said regulation.

Medical Information: Do you have insurance? Y N Carrier: _____ Policy# _____

Is there any known medical condition that may affect your daughter/son during this event? If so, please indicate treatment.

Signature of Parent/Guardian

Date

Youth Statement

I understand and agree that the use and/or possession of alcohol and/or drugs and/or weapons is not acceptable behavior. If I should be found in possession of and/or using such substance or items, I also understand that my parents or guardians will be notified at the time of discovery and that I may be sent home at my own and/or my parent's or guardian's expense.

Signature of Youth

Date