



**REGISTRATION FOR RELIGIOUS EDUCATION/YOUTH MINISTRY PROGRAMS**

RELIGIOUS ED. K-5, are on Wednesday afternoons from 4:00-5:00  
 RELIGIOUS ED. 6-8 classes are on Wednesday evenings from 7:00-8:00  
 YOUTH MINISTRY 9-12 classes are on Wednesday evenings from 7:00-8:00  
 Enrollment Night is September 19, 2018. FEE MUST BE INCLUDED WITH ENROLLMENT.  
 First night of Religious Ed Sessions will be September 26, 2018.  
 FEE SCHEDULE: Parishioners - \$10.00 per child

**FAMILY INFORMATION**

Family Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State KS Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 List all email addresses at which you'd like to receive notifications:

**MOTHER**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Address (if different) \_\_\_\_\_

**FATHER**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Address (if different) \_\_\_\_\_

CHILD INFORMATION	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Child's First Name				
Last name (if different)				
Grade				
Youth's Phone Number				
Sex				
Birth Date				
Baptism Date (Very important!)				
Church/Place of Baptism				
Please mark ALL child has received (X)	1 <sup>st</sup> Recon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 <sup>st</sup> Comm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Return enrollment by:**

- 1) **Bringing to enrollment night at the Parish Center after Mass**
- 2) **Dropping in basket in church gathering area**
- 3) **Mailing or bringing to the Parish Office.**

DON'T FORGET TO FILL OUT THE OTHER SIDE, TOO!

**FOR OFFICE USE ONLY:**

Amt. Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Volunteer \_\_\_\_\_ Scholarships available: Call Parish Office @ 653-2963

## Emergency Information

This information must be filled out and signed by the parent/guardian.

While your child/children is/are in our care, it is important for us to have the following information:

Whom should we contact in case of an emergency other than yourself?

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Other (cell) \_\_\_\_\_

Is there any medical/special needs information that we need to know about your child/children? Yes  No

If so, explain: \_\_\_\_\_

NAME OF CHILD	MEDICATION	DOSAGE	MEDICAL CONDITION, ALLERGIES, ETC.	DATE OF LAST TETANUS

Please list any medical/special needs, medication, allergies (ESPECIALLY FOOD) or disability (if applicable) for each child.

### **Medical treatment authorization:**

I understand that a reasonable effort will be made to notify me in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the staff of St John the Evangelist to secure the necessary medical services in the event my child is injured or becomes ill. A doctor, clinic, hospital or health care provider may proceed with any medical or surgical treatment that such sponsor may authorize. I understand that St. John the Evangelist will not be responsible for medical expenses incurred, and that I will be responsible for any medical, surgical or transportation costs.

I agree to notify the church in the event of any health changes which would restrict my child's participation in any normal youth or children's activities.

I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Name of Doctor \_\_\_\_\_

Phone \_\_\_\_\_