

Complete one copy of Side 1 per family.

Complete 1 Medical Waiver for each child (side 2)

St. James the Greater Catholic Church  
Religious Education Registration Form for 2009/2010

**Family's Last Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Number \_\_\_\_\_

**How will you help with the Religious Ed. program? (select at least 1)**

- |   |   |
|---|---|
| <input type="checkbox"/> I can help co-teach a class      | <input type="checkbox"/> I can help as an aide in a class           |
| <input type="checkbox"/> I am willing to substitute       | <input type="checkbox"/> I can help with attendance/check-in        |
| <input type="checkbox"/> I can help with weekday admin.   | <input type="checkbox"/> I can help with Children's Liturgy at Mass |
| <input type="checkbox"/> I can be class snack coordinator | <input type="checkbox"/> I can help with Youth Ministry activities  |
| <input type="checkbox"/> I can help provide class snacks  | <input type="checkbox"/> I can be a confirmation sponsor            |

**Children's Names**

**Grade in Fall 2009**

**Note: A separate medical release must be filled out for each child (see back of page)**

1. \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_

Date of birth: \_\_\_\_\_ School your child attends: \_\_\_\_\_

Circle the sacraments your child HAS RECEIVED: Baptism, Eucharist, Confirmation

2. \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_

Date of birth: \_\_\_\_\_ School your child attends: \_\_\_\_\_

Circle the sacraments your child HAS RECEIVED: Baptism, Eucharist, Confirmation

3. \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_

Date of birth: \_\_\_\_\_ School your child attends: \_\_\_\_\_

Circle the sacraments your child HAS RECEIVED: Baptism, Eucharist, Confirmation

**FEES:** make check payable to St. James Parish

**\$25 per child materials fee** (can be paid at registration or by October 15<sup>th</sup>)

**Family maximum: \$50**

The fee covers the cost of the student texts (\$18), class materials & teacher resources.

The fee is waived for any family in need who requests a waiver – no forms or questions.

**Note:** Photos of parish activities may appear on the St. James website. If you do **NOT** want your child to appear in any of these photos, please sign here: \_\_\_\_\_.

St. James website photos will never include names or personal information for public display

# St. James Parish, Hopewell, VA 2009-2010

## ANNUAL MEDICAL RELEASE FORM

CHILD'S NAME \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Relationship to Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_

Home No. (\_\_\_\_) \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_

Cell Phones: (\_\_\_\_) \_\_\_\_\_

### Medical Information

1) Does your child have any allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES", please list

2) Does your child have medication of any type, with them?

If "YES", please list.

3) Is there any other physical or emotional condition of which we need to be aware? Please explain.

In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_ Date \_\_\_\_\_