

St. Jude/ Sacred Heart Religious Education 2022-2023



Family Name _____

Parents' Names _____

Address _____

(City, State, Zip)

Home Phone _____ Cell _____

Email _____

Name of Family Parish: _____

Child's Name *	Nickname	Date of Birth	Grade 2022/2023	Child's School	Baptized (Yes/no) Name of church

* Include last name only if different from family name.

Photo Use/Release:

Occasionally, we use images of students in our Religious Education classes for our promotional and marketing materials. All participants who participate voluntarily in this program are asked to sign the following release.

I affirm that I am the parent/guardian of the above registered student. I grant Saint Jude Catholic Church the full right to use the likeness of my child in Religious Education promotional materials on my behalf.

I hereby waive any right to inspect or approve the finished images, advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied. I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Signature: _____ **Date:** _____

Registration Fees

One child: \$40 Family: \$80

An additional Sacramental Fee 2nd grade and 7th Grade: \$50

Cash or Checks made out to St. Jude are due on first day of class, September 11th

Required - Emergency Medical Care Information

Please fill out the Emergency and Medical Authorization Form to be kept on file in case of an emergency.
This information is a **requirement** of the Diocese of Fort Wayne-South Bend for Parish sponsored activities.

Consent to Emergency Medical Care

Emergency Contacts:

In the event reasonable attempts made to contact parent or guardian at the numbers on the page 1 has been unsuccessful, I hereby give my consent the following people to be contacted:

Person's Name	Relationship to Child	Contact Number

1.) The administration of any treatment deemed necessary by
(Physician's Name) _____ at (phone #) _____
(Dentist's Name) _____ at (phone #) _____

2.) **and/or** the transfer of my child to _____ (preferred hospital) or any hospital reasonably accessible.

Allergies

3.) The following include any food or other allergies my child may have, any medications my child may be taking, and any other medical condition I want the staff/ leaders to be made aware of...

Child's Name: _____ Information: _____

Child's Name: _____ Information: _____

Child's Name: _____ Information: _____

Additional Information:

4) If your child requires any special accommodations or if there is something you feel we need to know please specify below.

Child's Name: _____ Information: _____

Child's Name: _____ Information: _____

Child's Name: _____ Information: _____

Parent (Guardian) Signature: _____ **Date:** _____

Refusal to Consent to Emergency Medical Care

I do **NOT** give my consent for emergency medical treatment of my child(ren). In the event of illness or injury requiring emergency treatment, I wish the religious education/ Totus Tuus authorities to take no action. I understand what is involved in this refusal of medical care and will not hold the Parish or Diocese liable.

Parent (Guardian) Signature: _____ **Date:** _____