

31387 Buckingham
Blvd.
Spanish Fort, AL
36527



Children's Religious Education Registration

Date: _____
Phone: (251) 288-4500

Mother's Name _____	Father's Name _____
Religion _____	Religion _____
Address _____	Address _____
City, State Zip _____	City, State Zip _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
Work Phone _____	Work Phone _____
E-Mail _____	E-Mail _____

Parents, in what way would you like to be involved in this program?

Emergency Contact Name _____ Phone _____

*****PLEASE SIGN THE AUTHORIZATION ON THE BACK OF THIS FORM.*****

FEE: \$25 per child/\$75 maximum per family

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
First Name, Middle Initial				
Last Name				
"Goes By" Name				
Male/Female				
Birthday (MM/DD/YY)	/ /	/ /	/ /	/ /
Religion				
Is this child new to our program? (Yes/No)				
Has this child received continual instruction in the Catholic Faith? (Yes/No)				
Name of School				
Grade (K-12)				
Does your child have any allergies, illnesses, or learning problems we should be aware of?				
SACRAMENTAL INFORMATION				
Baptism (Yes/No) Date (if known)	/ /	/ /	/ /	/ /
Church child baptized in				
City, State				
Reconciliation (Yes/No)				
First Communion (Yes/No) Date (if known)	/ /	/ /	/ /	/ /
Confirmation (Yes/No) Date (if known)	/ /	/ /	/ /	/ /
Grade				

Note: Room for additional children can be found on the back of this form.

	CHILD 5	CHILD 6	CHILD 7	CHILD 8
First Name, Middle Initial				
Last Name				
"Goes By" Name				
Male/Female				
Birthday (MM/DD/YY)	/ /	/ /	/ /	/ /
Religion				
Is this child new to our program? (Yes/No)				
Has this child received continual instruction in the Catholic Faith? (Yes/No)				
Name of School				
Grade (K-12)				
Does your child have any allergies, illnesses, or learning problems we should be aware of?				
SACRAMENTAL INFORMATION				
Baptism (Yes/No) Date (if known)	/ /	/ /	/ /	/ /
Church child baptized in				
City, State				
Reconciliation (Yes/No)				
First Communion (Yes/No) Date (if known)	/ /	/ /	/ /	/ /
Confirmation (Yes/No) Date (if known)	/ /	/ /	/ /	/ /
Grade				

PARENT/GUARDIAN AGREEMENT

I understand that I, as parent or legal guardian of the child listed above, do herewith authorize the treatment by a qualified and licensed medical doctor of the above listed child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

SIGNATURE _____

Relationship to child _____

ARCHDIOCESE OF MOBILE
PARENTAL/GUARDIAN COVID-19
CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. _____ Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp.) However, even though such standards will be followed and reasonable measures put into place. Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-10 at _____ Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Consider the foregoing, however, I _____, grant permission for my child, _____, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend _____ Parish/School and The Roman Catholic Church of the Archdiocese of Mobile, their members, directors, officers, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature: _____ Date: _____