

**RELIGIOUS EDUCATION CLASS REGISTRATION FORM 2011-2012**  
**Grades Preschool - 8th**

**ST. JOSEPH CHURCH** 101 Church St., Harvard, IL 60033  
 (815)943-6406, ext. 224 - email: learnGod@stjoeharvard.org

Family Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you registered at St. Joseph Parish? \_\_\_\_\_ Registered elsewhere? Where? \_\_\_\_\_

**Parent and Guardian Information**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

| Student Name | Sex | Birth Date | Grade | Baptized |    | Reconciliation |    | 1st Communion |    | Confirmation |    |
|--------------|-----|------------|-------|----------|----|----------------|----|---------------|----|--------------|----|
|              |     |            |       | Yes      | No | Yes            | No | Yes           | No | Yes          | No |
|              |     |            |       |          |    |                |    |               |    |              |    |
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**Fees: 1 Child \$80.00, 2 Children \$120.00, 3 or more Children \$160.00**

Are there any special needs we should be aware of regarding your child(ren) (learning disabilities, ADD, medications, allergies, etc.) \_\_\_\_\_

**MEDIA WAIVER:** We consent to the use by St. Joseph Catholic Church et al, any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which my child may appear. I understand that these materials are being used for promotion of Religious Education by the above named parish. Such promotional activities extend to recruitment, fundraising, advocacy, etc. I release the staff, volunteers, etc. of St. Joseph Catholic Church et al, from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

**FIRST-AID/EMERGENCY TREATMENT:** I authorize the School/Parish and its employees and volunteers to administer first-aid to my child if the School/Parish deems it necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the School/Parish to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.

**RELEASE:** I hereby release and discharge The Diocese of Rockford and its Bishop, and the School/Parish, and the officers, directors, employees, and volunteers of the same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in the Religious Education Program, unless the injuries or damage resulted from willful misconduct of the Diocese, the School, the Parish, or its employees.

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact (if parents cannot be reached):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Can you help in any of the following areas:

\_\_\_\_\_ Help with Christmas Celebration \_\_\_\_\_ Help with Adult Sessions \_\_\_\_\_ Help with mailings  
 \_\_\_\_\_ Help with Easter Celebration \_\_\_\_\_ Help with clean-up during RE \_\_\_\_\_ Help with office work

**FOR OFFICE USE ONLY**

| DATE | TOTAL FEES OWED | PAID | CHECK # AND DATE | BALANCE DUE |
|------|-----------------|------|------------------|-------------|
|      |                 |      |                  |             |
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|      |                 |      |                  |             |