St. Peter the Fisherman Catholic Parish
Religious Education Registration

Welcome Parents and Students to the new Religious Education school year! We look forward to your participation in our program.

FAMILY INFORMATION Date: _____

Family Last Name: _____ Home Phone: _____
Father's Name: _____ Father Work/Cell: _____
Mother's Name: _____ Mother Work/Cell: _____
Home Address: _____
Mailing Address if different: _____
Custodial Parent, if different from above: _____
E-Mail Address: _____-
*We will use email to keep you informed of events. Please check the box if you **do not** use email.* ☐

EMERGENCY CONTACT

Emergency Contact Name: _____
Emergency Contact Phone: (_____) _____ Relationship to Child(ren): _____

STUDENT INFORMATION

Child's Name: _____ Birth Date:_____
Grade / Age ____/____ Name of School:_____
Notes for Teacher:_____

CHILD 1 SACRAMENT INFORMATION – *Please provide date & church where sacrament was received.*

Baptism Date: _____ Church: _____
Reconciliation Date: _____ Church: _____
1st Eucharist Date: _____ Church: _____
Confirmation Date: _____ Church: _____

CHILD 1 MEDICAL INFORMATION

Insurance Carrier: _____ Policy/Group Number: _____
Student's Physician: _____ Physician's Phone: (_____) _____
Allergies: _____
Other medical concerns: _____

CHILD 2 INFORMATION - *If only one child, please skip to the Medical Liability Release (Page 3).*

Child's Name: _____ Birth Date: _____
Grade / Age : ____/____ Name of School:_____
Notes for Teacher: _____

CHILD 2 SACRAMENT INFORMATION - *Please provide date & church where sacrament was received.*

Baptism Date: _____ Church: _____
Reconciliation Date: _____ Church: _____
1st Eucharist Date: _____ Church: _____
Confirmation Date: _____ Church: _____

CHILD 2 MEDICAL INFORMATION

Insurance Carrier: _____ Policy/Group Number: _____
Student's Physician: _____ Physician's Phone: (_____) _____
Allergies: _____
Other medical concerns: _____

➢ ***If you are registering more than two children, please pick up an additional form.***

Parent Volunteer Opportunities

__ I would like to volunteer as a catechist.

__ I would like to volunteer as a substitute teacher.

__ I would like to volunteer as a catechist's aide.

__ I would like to help with special events.

Please Note:

__ It is expected that your child attend Mass every Sunday. *

__ Attendance is imperative; bring your child to Religious Education classes. *

* Please initial each item.

Registration Fee

Registration fees for the school year are listed below.

The registration fee helps to cover book and class supply expenses. We accept cash or check.

Cost Per Child	$45
Snack	$15
Total Cost per Child	$**60**

In an effort to simplify the snack routine for our families, we will once again provide the students with a light snack to enjoy in class on Sunday morning. Please consider making a Snack Donation to help defray the cost of snacks. The suggested donation is $15 per child for the entire school year.

Please submit completed forms and payment to the Church Office or to Rosalinda Hally, DRE.
Please make check payable to: St. Peter the Fisherman Parish.
You may mail completed forms and payment to St. Peter the Fisherman Parish, 31300 Overseas Highway, Big Pine Key, FL 33043
Attention: Rosalinda Hally, DRE.

For Office Use Only

Reg. Fee Due: _____	**Reg. Fee: Pd.: _____**	**Cash / Check # ____**	

MEDICAL LIABILITY RELEASE

I, the undersigned guardian of _____,
do hereby release, forever discharge and agree to hold harmless St. Peter Catholic Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the student participant(s) that occur while the student(s) is/are involved in any trip or activity for which I have given him/her permission to attend.

Furthermore, I, on behalf of my child/children, do assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is given to said church to furnish any necessary transportation, food and lodging for the aforementioned participant(s).

I do also authorize adult workers with St. Peter Catholic Church and its programs to consent to any examination, X-ray, anesthetic, medical, surgical diagnosis/treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician at such hospital. I assume the responsibility of all medical bills, if any.

The undersigned further agrees to hold harmless and indemnify said church, its directors, employees and adult workers for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, I hereby assume all transportation costs.

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE

I, the undersigned guardian of _____,
do understand that photographs or videos taken during religious education or youth ministry events may be used in St. Peter Catholic Church newsletters, bulletin boards, web pages, or other publications. Additionally, photographs or videos taken during Sacrament celebrations may provided on CD or DVD to the families of children receiving sacraments.

☐ *I DO NOT want photographs or video of my child or children to be used in St. Peter Catholic Church publications.*
☐ *I DO NOT want photographs or video of my child or children to be included in DropBox provided to families of children in sacrament preparation class.*

Parent/Guardian Signature: _____ Date: _____

TEXT MESSAGING RELEASE

I, the undersigned guardian of _____,
do understand that in high school youth ministries text messages may be used to communicate with students. Ultimately, I am responsible for my children's communications, but I understand that these tools are used for the means of effective communication.

☐ I *DO NOT want St. Peter Church Youth Ministry volunteers to communicate with my child via text messaging.*

Parent/Guardian Signature: _____ Date: _____