

Sacred Heart Catholic Church

Catholic Youth Formation K-8 Registration

Fill out this page completely. Return with payment (see below)
 Classes meet Sunday mornings 11:00-12:15 (7th/8th 11:00-12:30)

Head of household (primary contact): _____

Address (including zip): _____

Phone number: _____

Father's name: _____ cell phone: _____

Mother's name: _____ cell phone: _____

Email: _____

Additional emergency contact name: _____

Emergency contact phone: _____

Are you a registered parishioner at Sacred Heart Church? _____

Are your children baptized? _____

Student information

First name	Last name	Birth date	Grade 2016-17	Sacraments received (please list location, too)

Regular Attendance is Anticipated. Out of respect for our teachers, any absence is to be reported to joand@shemporia.org or (620)342-1061.

No child will be denied religious education due to financial constraints.
 Please contact Father Farrar at (620)342-1061.

Tuition for:	
1 child.....	\$65.00
2 children.....	\$115.00
3 or more children....	\$125.00

Family Name _____ Phone _____ E-mail _____

(Please Print)

Release and Discharge of Liability Medical Release and Permission Grades K - 12

I/We, the parent(s)/guardian(s) of: 1) _____, 2) _____
Child & Grade Child & Grade
3) _____ 4) _____ 5) _____
Child & Grade Child & Grade Child & Grade

allow my son(s)/daughter(s), (list each child) _____
_____ to participate in Sacred Heart Religious Education/CYF (elementary, middle school & high school) programs and in all related projects and activities. In consideration of making these arrangements for the religion program, I/we hereby release and save harmless Sacred Heart Catholic Church, its employees, and volunteers from any and all liability for any injury resulting from involvement in the Religious Education or any related project or activity. In consideration for permitting my child(ren) to participate in this activity, I/we _____ agree on behalf of my/our child(ren) _____ and myself, our heirs, assigns, executors and personal representatives to release and hold harmless Sacred Heart Catholic Church, the Roman Catholic Archdiocese of Kansas City in Kansas, their officers, directors, agents, employees, chaperones and official representatives from any and all liabilities, claims, loss or damages arising from or in connection with my/our child's(ren's) participation in Sacred Heart Religious Education classes and activities. To the best of my(our) knowledge, my(our) child(ren) is/are in good health and physically able to participate in this program. I/We also allow photos taken at parish events, which may include my(our) child(ren) to be published in parish media, such as the bulletin, digital announcements and the website.

In order to meet all legal requirements, I/we also give my permission for (list each child)

_____ to be treated by a qualified medical doctor in the case of medical emergency.

My/Our child(ren) may receive over the counter medications. Yes No (Circle one.)

Signed: _____ Date: _____

Parent(s)/Guardian(s)

Parent(s)/Guardian(s) _____ Phone# _____

Work # _____ Cell # _____

Medical Insurance Company: _____

Policy number: _____

Subscriber's name: _____

Allergies or other pertinent medical information: (ADD, epilepsy, asthma...) _____

Medications taken on a regular basis: _____

Emergency contact phone numbers:

1) Name _____ phone # _____ Relationship _____

2) Name _____ phone # _____ Relationship _____

SACRAMENTAL RECORD

FOR OFFICE USE ONLY

Copy of Baptismal Certificate on file?
 _____ Yes _____ No

Student Name _____
First Middle Last

City of Birth _____ Birth Date _____
Month Day Year

Father's Name _____
First Middle Last

Mother's Name _____
First Middle Last

Family Address _____
Street City Zip Code

Home Phone# _____ Cell Phone# _____

Has the child been baptized? _____ Yes _____ No

Date of Baptism _____ Church of Baptism _____
Month Day Year

Address of Church _____

Date of First Reconciliation _____ Date of First Eucharist _____
Month Day Year Month Day Year

Date of Confirmation _____
Month Day Year

IF YOUR STUDENT WAS NOT BAPTIZED HERE AT SACRED HEART YOU MUST PROVIDE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE. PLEASE CONTACT THE PARISH WHERE YOUR CHILD WAS BAPTIZED AND ASK THEM TO FORWARD A COPY OF THE CERTIFICATE TO THE PARISH OFFICE AT: 101 Cottonwood, Emporia, KS 66801. IF YOU HAVE QUESTIONS, PLEASE CALL THE PARISH OFFICE (620-342-1061)

If you have returned this form in past years, please do not send this back. If in doubt, please return this form.

Notes

DISCIPLINE POLICY

(one form per family)

It is expected that your child makes a sincere commitment to this program. The cooperation of each individual in the group is imperative. It is, therefore, necessary to establish a discipline policy that encourages positive behavior and cooperation. The procedure to maintain a positive environment is as follows:

1. If the behavior of the student is disruptive, the catechist will speak privately to him/her to give him/her the chance to change the behavior.
2. If the behavior continues, the child will be given a discipline slip to take home to be signed and returned the following class.
3. If there is no change in either attitude or behavior, the parent will be contacted and asked to accompany their child to the next class.
4. If it is impossible for the child to change the behavior, home study options will be presented.

The atmosphere of the meeting space and the curriculum are open and interactive. This necessitates that the students be considerate and respectful of one another. The parish is blessed to have the caring volunteers who generously give of their time and talent to our youth. Expecting an acceptable quality of behavior allows for the spiritual growth of all who are involved in the program.

Parent's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date