

STUDENT INFORMATION					
CHILD'S NAME:				Class Assignment:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F Ethnicity:		Date of Birth	MM	DD	YY
School Name:		School Grade:			
<i>Please indicate the sacraments which your child has received within the Roman Catholic Church:</i>					
Baptism		Date:	Parish: Name/Address/City/State/Zip		
First Reconciliation ( <i>Confession</i> )		Date:	Parish: Name/Address/City/State/Zip		
First Eucharist ( <i>Communion</i> )		Date:	Parish: Name/Address/City/State/Zip		
Confirmation		Date:	Parish: Name/Address/City/State/Zip		
Any Chronic Health Conditions:		All Current Medications:			
Environmental and Food Allergies:		Educational and Behavioral Traits: (e.g. gifted, dyslexic, ADD)			

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**EMERGENCY/DISASTER RESPONSIBILITY**

MEDICAL TREATMENT & INSURANCE INFORMATION			
<b>PHYSICIAN to be called in an Emergency:</b>			Phone#
<b>Hospital of Choice:</b>			Phone#
1st EMERGENCY CONTACT:	Relationship to child(ren):	Phone#	
2nd EMERGENCY CONTACT:	Relationship to child(ren):	Phone#	
3rd EMERGENCY CONTACT:	Relationship to child(ren):	Phone#	
1st Child:			
<b>Insurance Company:</b>		<b>Identification Number:</b>	
<b>Policy Number:</b>		<b>Group ID Number:</b>	
2nd Child:			
<b>Insurance Company:</b>		<b>Identification Number:</b>	
<b>Policy Number:</b>		<b>Group ID Number:</b>	
3rd Child			
<b>Insurance Company:</b>		<b>Identification Number:</b>	
<b>Policy Number:</b>		<b>Group ID Number:</b>	
4th Child			
<b>Insurance Company:</b>		<b>Identification Number:</b>	
<b>Policy Number:</b>		<b>Group ID Number:</b>	
5th Child			
<b>Insurance Company:</b>		<b>Identification Number:</b>	
<b>Policy Number:</b>		<b>Group ID Number:</b>	

EMERGENCY MEDICAL TREATMENT RELEASE	
<p>I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment(s) for my minor child in the event of my absence, or when the hospital or physicians are unable to contact me. This authorization extends to any hospital, physicians, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against St. Basil the Great Catholic Church, church staff, church volunteers, Diocese of Sacramento, the hospital, physicians, and nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.</p>	
1 <sup>st</sup> Child's Full Name:	
2 <sup>nd</sup> Child's Full Name:	
3 <sup>rd</sup> Child's Full Name:	
4 <sup>th</sup> Child's Full Name:	
5 <sup>th</sup> Child's Full Name:	
Parent Signature:	

**TRANSPORTATION AUTHORIZATION**

I, the undersigned parent/authorized guardian, accept responsibility for transporting my child(ren) to and from Religious Education classes at St. Basil the Great Parish. In addition, as the parent/guardian, I authorize the following person(s) to bring my children to and/or from classes. In an emergency, if someone other than the persons listed is to transport my child(ren), I will notify the Office of Religious Education. I hereby release St. Basil the Great Parish, the Diocese of Sacramento, church staff, and church volunteers from any and all liability and/or responsibility for the transportation of my child to and from Religious Education classes. (We reserve the right to check identifications.)

NAME: FIRST & LAST	RELATIONSHIP	PHONE NUMBER
1		
2		

Indicate below any and all individuals **NOT AUTHORIZED** to pick up your child from their class.

NAME: FIRST & LAST	RELATIONSHIP TO CHILD:	PHONE NUMBER

**PLEASE CHECK THIS BOX  TO AUTHORIZE ONLY THE PARENTS LISTED ON THE FIRST PAGE OF THIS REGISTRATION FORM FOR PICK-UP OF YOU CHILD.**

**AUTHORIZATION TO PUBLISH PICTURES AND ARTWORK**

I hereby grant permission to St. Basil the Great Catholic Church to publish pictures of me and/or my child(ren) and any artwork created during the course of the Religious Education program] on the church's website or in the church's publicity information, newsletters, or bulletins. **NO NAMES WILL BE PUBLISHED ON THE WEBSITE.** I understand that if I give notice to the webmaster that I object to any particular picture of me and/or my child/ren, it will be removed as soon as possible. I understand that neither I nor any child(ren) in question will be paid any royalty or other compensation for the publication of any pictures. I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian.

Child(ren)'s Full Names:

Parent Signature:

**CATECHETICAL COVENANT**

After prayerful consideration, I acknowledge my role and responsibility in raising my child/children in the Catholic Faith and commit myself to the catechetical program of St. Basil the Great Catholic Church.

By signing this registration form, I will make sure that my child/children and I will regularly attend Mass at St. Basil Church and my child/children will participate in all scheduled catechetical sessions, this includes all classroom sessions, liturgical sessions, and required sessions for sacrament preparation. I will also attend all parent classes when scheduled.

I hereby submit this registration form, requesting that my child/children be admitted to the St. Basil the Great Catholic Church Religious Education Program.

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Relation to child \_\_\_\_\_