

SAN MARTIN DE PORRES PARISH

REGISTRATION FORM 2018-2019 (2nd year preparation)

TODAY'S DATE: _____

Is your family registered with this Parish? Yes ___ No ___ Env: # _____

Child's Full Name (as on birth/baptismal certificate): _____

Gender: ___ Male ___ Female Age: _____ Birthdate: _____ Birthplace: (City, State) _____

Father (Full Name): _____ Work Phone: _____ Cell Phone _____

Mother (First & Maiden): _____ Work Phone: _____ Cell Phone _____

Marital Status: _____ Child lives with: _____

Home Address: _____ Family Phone: _____

No. Street City State Zip Code

Do you prefer to receive information in English or Spanish? (Circle one.) English Spanish

Student's language preference: (Circle one) English Spanish Other _____

Previous Religious Education was completed at: _____

Grade in the Fall of 2018: _____ School attending: _____

Does your child have a physical or learning difficulty? Yes ___ No ___

If yes, please describe:

Does your child attend special education classes in public school? Yes ___ No ___

Is there any medical condition, allergies, or medication for your child that we need to know?

Physician: _____ Physician's phone number: _____

Emergency Contact: _____ **Relationship:** _____

Phone: _____

Other than the parent(s) who is allowed to pick up your child: _____

Relationship: _____ Phone: _____

SACRAMENTAL PREPARATION PROGRAM (Which Sacrament is your child being registered for?)

___ Baptism ___ First Eucharist (Holy Communion) ___ Confirmation

FAITH FORMATION (For children who are in pre-k, kinder, 1st or who have already received First Eucharist)

___ Spiritual Enrichment

DOCUMENTS ATTACHED:

___ Birth Certificate

___ Baptismal Certificate Date: _____ Church: _____

___ First Eucharist (Communion) Date: _____ Church: _____

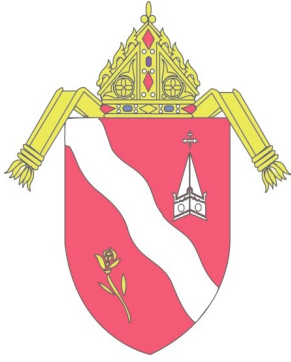
Registered Parishioner Fee

1 child: \$50 **2 children** (from the same family): \$55 **3 or more children** (from the same family): \$60

Non-registered Parishioner Fee

1 child: \$60 **2 children** (from the same family): \$65 **3 or more children** (from the same family): \$70

Office Use: Date Rec'd.: _____ Amount: _____ Cash: ___ Check #: _____ Register: _____ Receipt # _____



**Religious Education for Children
Diocese of Laredo
1201 Corpus Christi St., Laredo, TX 78041
(956) 727-2140**

Consent and Liability Waiver

I, (Parent/Guardian) _____, grant permission for my child, (Participant's Name) _____ to participate in the San Martin de Porres Religious Education Program.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the DIOCESE OF LAREDO, San Martin de Porres Parish (its pastor, CCD Coordinator, and other agents, etc.) or any representatives associated with the scheduled activity or in connection with any illness or injury (including death) or cost of medical treatment, and I agree to compensate the DIOCESE OF LAREDO, San Martin de Porres (its pastor, CCD Coordinator and other agents, etc.) or any representatives associated with the event, reasonable attorneys' fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

Signature (Parent/Guardian)

Date

Photography Consent

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for pictures to be used for promotional materials (newsletter, newspaper, media, etc.) in highlighting the event. Please initial one response below.

_____ Yes I consent
_____ No I do not consent