

**FAMILY INFORMATION**

Last Name of family : \_\_\_\_\_ Today's date: \_\_\_ / \_\_\_ / \_\_\_

Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phones: home:( \_\_\_ ) \_\_\_\_\_ Mom cell ( \_\_\_ ) \_\_\_\_\_ Dad cell ( \_\_\_ ) \_\_\_\_\_

student cell ( \_\_\_ ) \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_ Student's E-mail: \_\_\_\_\_

Parish: St. Mary's, Bloomington or other \_\_\_\_\_ (please list)

*Please Note: If you are a registered member at another Parish, you MUST obtain a letter of permission from the Parish in which you are registered to attend Religious Education at St. Mary's Church.*

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Location: \_\_\_\_\_

Are you a volunteer in the Parish, and if so, where? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Location: \_\_\_\_\_

Are you a volunteer in the Parish, and if so, where? \_\_\_\_\_

**Emergency contact information: (NOT the student's parents)**

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

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_\_\_ Type: home / office/ cell

Phone: ( \_\_\_ ) \_\_\_\_\_ Type: home / office/ cell

Comments: \_\_\_\_\_

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**Religious Education class fees: 1 student = \$65.00, 2 or more in the same family = \$85.00 for registered members of the Parish. Non-members pay \$130.00 for one student, or \$170 for two or more.**

**STUDENT INFORMATION****Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ and City, State \_\_\_\_\_  
 Gender: Male or Female \_\_\_\_\_ Grade in school 2014-15: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_  
 Religion: \_\_\_\_\_ School: \_\_\_\_\_  
 Last attended religion classes at: \_\_\_\_\_  
 (please list)

Sacraments Needed? Baptism  First Reconciliation  First Communion  Confirmation

We will need a **copy** of the Sacrament Information if they were NOT baptized at St. Mary's, Bloomington.

**Sacrament Information:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

**Baptismal Name :** \_\_\_\_\_ **Date:** \_\_\_\_\_

Church Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**1st Communion:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Church Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Confirmation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Church Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<b>Student Medical and Emergency Information</b>
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Physician \_\_\_\_\_ Phone \_\_\_\_\_

List any medical conditions of the student (asthma, epilepsy, etc.) \_\_\_\_\_

List any allergies or allergic reactions of the student to medications \_\_\_\_\_

List any medications the student is presently taking \_\_\_\_\_

Other pertinent medical information \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY  
MEDICAL TREATMENT**

This information will be kept in parish files. A copy will be distributed to the person in charge of each trip or athletic activity in which the student participates. Should the need arise this information will be given to proper medical authorities and parents notified. I understand that in case of illness or injury to my child, the parish will try to notify me or the person I have listed as an emergency contact. In case of said emergency, at a time when I or my emergency contact cannot be notified, I grant full power to the parish to 1) arrange transportation to a proper facility where medical treatment would be administered, and 2) sign releases as may be required in order to obtain any treatment as is required in judgment of medical authorities at the facility. This Authorization for Emergency Medical Treatment is valid for one year, from Aug. 1, 2015 through July 31, 2016.

\_\_\_\_\_ Parent/Guardian Initials

**LIABILITY WAIVER**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. I understand the risks this activity may present to my child, including, but not limited to, a serious personal injury or death.

In consideration of my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria, the parish, teachers, chaperones, volunteers, or representatives associated with the event, and their employees and agents, from any liability for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney's fees) arising from or related to my child's participation in this activity.

\_\_\_\_\_ Parent/Guardian Initials

**PUBLICITY WAIVER**

Parish St. Mary's Church City Bloomington, IL

On occasion, the parish named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio-visual records may be used in parish publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit.

I hereby expressly grant to the parish named above and/or the Diocese of Peoria and Parish the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the parish and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

My signature below indicates that I have read and agreed to abide by the above policies.

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date