

St. Vincent de Paul Catholic Church
Religious Education Program

979 Ave. C
Bayonne, NJ 07002

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REGISTRATION FORM FOR A NEW STUDENT - GRADES 1- 8
(For Sept. 2011)

Child's Name _____
Last First Middle Gender M/F

Born in _____
City State Month Day Year

Mailing Address _____
Street City Zip

Home Phone: _____ Work Phone: _____

Mom Cell: _____ Dad Cell: _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Mother's Maiden Name _____

Emergency Contact _____ Phone Number _____

Child's Date of Baptism _____ Church _____ City/State _____

Date of First Eucharist _____ Church _____ City/State _____

Date of First Reconciliation _____ Church _____ City/State _____

Date of Confirmation _____ Conferred By _____

Child's Grade Level for Religious Education for Sept. 2011 _____

Please indicate if there are any medical concerns, disabilities or learning difficulties that we need to be aware of. (See Medical Emergency Information).

Are you registered in the parish? Yes/No _____

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Please attach a copy of the child's Baptism certificate to this form if it is not already on file at St. Vincent de Paul Church.

If your child has attended another religious education program, kindly submit a letter of transfer from that program.

Return this Registration form, the Parental Permission/Health Authorization Form, and a check for \$ payable to St. Vincent de Paul Church to:

**St. Vincent de Paul Church
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979 Ave. C
Bayonne, NJ 07002**

Please Note: The success of a Parish Religious Education Program is the responsibility of the entire parish. We are always in need of help to make this program GREAT. Please consider volunteering your time and talent in one of these areas: Training is provided!

Catechist (Teacher) _____ Catechist for one child _____ Classroom Aide _____
Substitute Catechist _____ Office Help _____

Signature of Parent/Guardian _____ Date _____

I have enclosed all required forms & fee.

Office Use: Fee Paid _____ Date _____

Comments: _____

**St. Vincent de Paul Catholic Church
Religious Education Program**

PUBLICITY RELEASE AND WAIVER

I/We _____ hereby grant permission to _____,
Parent(s)/Guardian(s) (Name of Parish)

On behalf of my/our child _____, and his/her heirs, executors and
(Insert Name of child)

Administrators, who is a _____ grade student at _____, for the
(grade) (Name of Parish)

use, without fee, or my/our child's name, photograph or videotape in any broadcast, print or telecast media, including newspapers, parish website, bulletin boards or any other means of promotional, publicity or other legitimate purposes.

I/We hereby consent that such photographs, films and recordings, and/or tapes from which they are made shall be _____'s property, and _____'s shall
(Name of Parish) (Name of Parish)

have the right to duplicate, reproduce and make other uses of such photographs, films, recording, plates, and tapes as they may desire free and clear of an claim whatever on my part.

I/We agree to hold _____, all volunteers and all sponsors, their
(Name of Parish)
representatives, employees and successors, individually or otherwise, (referred to collectively as "persons") from any claims, damages, actions or liabilities of any kind relating to the public display or my/our child's name, and if applicable, accompanying photograph, and event information, in any broadcast, print or telecast media or any other record of this event for promotional, publicity or other legitimate purposes.

I/We have fully read this waiver and publicity release form and understand its terms. I am signing this release form of my own free will.

Parent/Guardian Signature Date Witness Date

Parent/Guardian Signature Date Witness Date

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**AUTHORIZATION & WAIVER REGARDING STUDENT MEDICATION
DURING RELIGIOUS EDUCATION PROGRAM**

(This information is to be shared only with individuals responsible for the student's supervision & care during the operation of the Religious Education Program)

Name of Student _____ Grade _____

Medication: (i.e. Epi-pen, Inhaler, etc.)

Reason for sending Medication to the Religious Education Program:

Possible Side Effects: _____

I will be sending the above-listed medication to the Religious Education Program with my child each week to either self-administer or to have on the premises in case of an emergency. (i.e. allergic reaction due to bee sting, etc) In the event of an emergency, I authorize my child's volunteer catechist or other program staff member to aid my child in the administration of this medication. I understand and agree that St. Vincent de Paul Parish, the Religious Education Program and staff or any individual acting in good faith on behalf of my child shall not be liable for any injury to my child resulting from the administration of the medication listed above.

Signature of Parent/Guardian

Date

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NB. This form shall be kept on file until the end of the academic year, at which time it will be destroyed.

MEDICAL EMERGENCY INFORMATION

Please complete the form below and return it with your registration form. It is important to have this information on hand in an emergency.

Name of Student _____ Age _____

Address _____

Home Phone _____

Emergency Numbers 1) _____ 2) _____

Any special medical conditions:

Allergies _____

Primary Doctor's Name _____ Phone _____

Parental Instructions

In the event of an medical emergency and we cannot reach you, what specific permissions do you give us to take care of your child?

Print Parent/Guardian's Name _____

Signature _____ Date _____

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PARENTAL PERMISSION/HEALTH AUTHORIZATION FORM

Name of Child _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Vincent de Paul Parish, its officers, directors, employees and agents, and the Archdiocese of Newark, its employees and agents, chaperones, or representatives associated with the Religious Education program, from any claim arising from or in connection with my child attending Religious Ed or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, and agents and the Archdiocese of Newark, its employees and agents and chaperons, or representative associated with the Archdiocese for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or Archdiocese.

Signature of Parent/Guardian _____

Date _____

On occasion, we may take photographs or video of your child and include them in publications including the Advocate or through St. Vincent's website. Please sign below authorizing us to obtain, store, and use photographs or videos for public use.

Signature of Parent/Guardian _____

Date _____

Taken from Parish in another Diocese.