

Cathedral-Basilica of St Augustine

Registration for Religious Education – 2018-2019

FAMILY NAME (Print below)

CONTACT NUMBERS

Home: _____

Mother: _____

Work: _____

Father: _____

E-mail: _____

Address: _____

Street

City

Zip code

Emergency Contact: _____

Name

Phone

Relationship

Are you a registered parishioner at the Cathedral-Basilica? **Yes** **No**

Alternate people who can pick up your child: _____

Student 1

Name: _____ Nickname: _____

Entering Grade: _____ Age: _____ Birth Date: _____

Last received Religious Education at: _____ Year: _____

Medical/Special Needs: _____

Baptized Catholic? Yes No First Communion? Yes No Confirmation? Yes No

Student 2

Name: _____ Nickname: _____

Entering Grade: _____ Age: _____ Birth Date: _____

Last received Religious Education at: _____ Year: _____

Medical/Special Needs: _____

Baptized Catholic? Yes No First Communion? Yes No Confirmation? Yes No

Student 3

Name: _____ Nickname: _____

Entering Grade: _____ Age: _____ Birth Date: _____

Last received Religious Education at: _____ Year: _____

Medical/Special Needs: _____

Baptized Catholic? Yes No First Communion? Yes No Confirmation? Yes No

Registration Fees:

Registration fee for 1 child: **\$50.00**, 2 children: **\$80.00**, 3+ children: **\$100** **Amount Paid** _____

First Sacraments: \$35.00 *New students must attach copy of baptismal certificate to registration

Confirmation: \$60.00 ***ALL registration documents and payments must be complete to register**

(Scholarships are available) Additional Donation for Families in Need: _____

YOUTH RELEASE OF LIABILITY AND MEDICAL INFORMATION

Diocese of St Augustine

Child(ren)'s Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home Address: _____ Home Phone: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only in accordance with your wishes)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to the Diocese of St Augustine's employees, volunteers, or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocese of St Augustine's representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for any child above named.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name & Relationship: _____ Phone #: _____

Name & Relationship: _____ Phone #: _____

Family Doctor: _____ Phone #: _____

Family Health Care Plan Carrier: _____ Policy Number: _____

I make the following exception: _____

My child's Medications/Dosages: _____

Medication: _____ Dosage: _____ Doctor: _____

Medical Problem or Condition (allergies, diabetes, etc.): _____

Condition: _____ Symptoms: _____

Physical Disabilities: _____

Signature of Parent/Guardian

and printed name

Date

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Diocese of St Augustine volunteers or representatives that my child is injured to a minor degree (that I would treat at home) or becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to package directions. Write "NO" on the line below if you do not wish for medication to be applied or administered by diocesan representative.

Signature of Parent/Guardian

and printed name

Date

Parent/Guardian has added ____ / has not added ____ health information on reverse of this form. OCF-Y-YA 2009

Cathedral-Basilica of St Augustine

35 Treasury St, St Augustine, FL 32084

904-824-2806

Permission to Participate

I request that my child(ren), _____, be allowed to participate in the Cathedral-Basilica Parish Religious Education/Sacramental Preparation Program(s). I grant permission for the Diocesan employees or volunteers to administer first aid and to seek emergency medical treatment in the event that such treatment is deemed necessary. I grant my permission to those administering medical treatment to do so. I release and hold harmless the diocese of St Augustine, Bishop Felipe J. Estevez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estevez, S.T.D., individually, Cathedral-Basilica of St Augustine and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs and next of kin.

Parent/Guardian/Representative Signature

Date

Printed Name of Parent/Guardian



Diocese of Saint Augustine
Catholic Center
11625 Old St. Augustine Road
Jacksonville, Florida 32258
(904) 262-3200

Child Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child's Name (Printed): _____

Parent or Guardian Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Date: _____