

St. John the Apostle Catholic Church
Religious Education Registration Form 2016 - 2017



Family Name:

Head of Household	Spouse
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Last Name: _____	Last Name: _____

Family Information:

Street Address Line 1: _____
 Street Address Line 2: _____
 City / State / Zip Code: _____
 Contact Phone Number: _____ Home/Cell/Other
 _____ Home/Cell/Other

Preferred Language of Information Being Sent Home (circle one): English / Spanish

Preferred Language of Verbal Communication (circle one): English / Spanish / Either
 (If you are not comfortable with English and speak Spanish or another language we want to help, so please let us know!)

Student Information:

Name - First/Middle/Last: _____ Grade: _____

School: _____

Birthday Month: _____ Day: _____ Year: _____

Sacraments Received:

Baptism Yes No First Communion Yes No Confirmation Yes No

Printed & Web Page Photographic Display of Minor

I hereby give **St. John the Apostle in Oregon City** permission to use a photograph of the minor/s (persons under the age of 18) listed above. SJA may use the photo on its website, bulletin boards, and fliers for church purposes only. I understand that **there will be NO identifying information** (e.g., name, age, school, etc.) about the minor included with the pictures.

This permission for the photographic image use will be in effective upon signing this form is revoked by written notice to St. John the Apostle. _____ until the permission

Parent/Guardian: _____ Date: _____ Religious

Religious Ed Fees:

- CRE K-5 and Youth Group: \$40.00
- First Reconciliation/Communion (includes CRE): \$60.00
- Confirmation Preparation (Includes Youth Group): \$150.00

Payment:
Payment:
Payment:
Total:
Paid in Full <input type="checkbox"/>

Name: _____

Archdiocese of Portland
Student/youth emergency information and procedure form

In case of illness, accident or emergency to the student named above, the Arch diocese of Portland and its representatives are authorized to proceed as indicated below (thoroughly complete the following information)

1) Contact: _____ Phone: _____

2) Contact: _____ Phone: _____

Family Physician: _____

Take student to this emergency hospital: _____

Other: _____

Allergies (food, drugs, insects etc.)

Please indicate any medications child is currently on, injuries, recent surgery, prolonged illness, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention.

Name of Medical Insurance Company: _____

Group or I.D. Number: _____

I authorize the Archdiocese of Portland and its representative (St. John the Apostle) to use their judgement in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligations for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature: _____ Date: _____