

**Saint Rita Catholic Church Religious Education Registration
Information for Correspondence and Records: 2010-2011**

Father's Name _____

Father's Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Email _____

Mailing Address _____ Catholic (Circle) Yes No

City _____

Zip Code _____

Mother's Name _____

Mother's Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Email _____

Mailing Address
(if different from above) _____ Catholic (Circle) Yes No

City _____

Zip Code _____

**Emergency
Contact Name** _____

Phone # (s) (____) _____

Phone (____) _____

Students To Be Enrolled:

PRINT CHILD'S FULL LEGAL NAME	Age (Grade)	Date of Birth	Place of Birth
1. _____	_____	____/____/____	_____
Sacraments <u>already</u> <u>received:</u>	<input type="checkbox"/> Baptism	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist <input type="checkbox"/> 8 th Grade and above Confirmation
2. _____	_____	____/____/____	_____
Sacraments <u>already</u> <u>received:</u>	<input type="checkbox"/> Baptism	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist <input type="checkbox"/> 8 th Grade and above Confirmation
3. _____	_____	____/____/____	_____
Sacraments <u>already</u> <u>received:</u>	<input type="checkbox"/> Baptism	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist <input type="checkbox"/> 8 th Grade and above Confirmation
4. _____	_____	____/____/____	_____
Sacraments <u>already</u> <u>received:</u>	<input type="checkbox"/> Baptism	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist <input type="checkbox"/> 8 th Grade and above Confirmation

First Reconciliation & First Communion: Please be SURE to include a copy of your child's BAPTISMAL CERTIFICATE with this form. Fees are: \$50.00 for one child; \$75.00 for two or more children.

Print, complete & sign the form, enclose check & bring to registration after Masses, Parish office or mail to:
St. Rita Catholic Church, 137 Moll Drive, Santa Rosa Beach, Florida 32469

Signature _____ Date _____ Amount Enclosed _____

ANNUAL MEDICAL INFORMATION FORM

Child's Name _____
Address _____ City, State _____ Zip _____
Sex _____ Date of Birth _____ Age _____ Grade _____
School _____
Doctor's Name _____ Phone Number _____

Father/Guardian's full name: _____
Home Phone : _____ Cell Phone _____
Home address: _____
Place of business/address: _____ Phone : _____

Mother/Guardian's full name: _____
Home Phone: _____ Cell Phone _____
Home address: _____
Place of business/address: _____ Phone : _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:
Name & Relationship: _____
Phone _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

MEDICATIONS: (EITHER A PHYSICIAN'S PRESCRIPTION OR A PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.) My child is taking the following medication(s):

Description _____ Dosage _____
Description _____ Dosage _____

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug Allergies: _____
Other Allergies (food, plants, insects, etc.): _____
Other known diseases, disorders, or disabilities: _____

If you would like your youth to participate in parish activities, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your youth.

In consideration for the opportunity for my child to participate in parish activities, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and _____ Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee, _____ Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I/we hereby authorize the Diocese of Pensacola-Tallahassee, and _____ Parish, through its authorized representatives, to transport my child to a hospital or other doctor's office or medical facility for emergency medical attention. I/We additionally authorize such representatives of the Diocese and/or School to obtain and give consent to whatever medical treatment the representative deems necessary, including the administering of anesthetic and surgery, and do hereby release the Diocese and _____ Parish, and their authorized representatives from any and all claims which may arise from the above-referenced obtaining and consenting to medical treatment. I/We wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital.

Finally, I/we hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including, but not limited to The Florida Catholic, to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media.

Print Parent/Guardian Name

Signature of Parent/Guardian

Date

This form is to be kept at the parish and renewed annually