

Saint William's Religious Ed Registration 2009 ~ 2010

6410 Santa Lucia Road Atascadero, CA 93422 (805) 466-0849

Parents' Names _____

(Padres')

Mailing Address _____

(dirección)

City _____

(ciudad)

Parent E-mail Address (for church use only) _____

Phone # _____ Parent Cell # _____ Teen Cell # _____

(teléfono)

Religious Education for Preschool ~ High School

La Educación religiosa para Preescolar ~ Instituto

(First Communion and Confirmation Registration below)

Student's Name (Nombre)	Birth Date (Fecha de nacimiento)	Grade Level (Grado)
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First Holy Communion for Grades 2 ~ 8

Primero santa Comunión para Grados 2~ 8

Print Name: <u>first, middle, last</u> Nombre: primero, el centro, dura)	Birth Date (Fecha de nacimiento)	Grade Level (Grado)	Tues. 3:30 PM (gr. 2-3) + Tues. 7:00 PM (gr. 4-8) + 7:00 PM Wed. 3:30 PM (gr. 2-3) + Class Day & Time + (El Día de la clase & Tiempo)
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Date, Parish and City of Baptism _____ *

* A copy of your child's Baptism certificate is needed if not baptized at St. William's

* Una copia de certificado del Bautismo de su niño es necesitada de no bautizado en St. William's

Confirmation for Grades 10 ~ 12

La confirmación para Grados 10~ 12

Print Name: <u>first, middle, last</u> Nombre: primero, el centro, dura)	Birth Date (Dé a luz a la Fecha)	Grade Level (Grado)	Class Day & Time + (El Día de la clase/Tiempo)
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E-mail Address (for church use only) _____

Date, Parish and City of Baptism _____ **

Date, Parish and City of First Communion _____ **

** A copy of student's Baptism and First Communion is needed if not done at St. William's

** Una copia del Bautismo de estudiante y Primero Comunión es necesitada si no hecho en St. William's

Will You Help?

_____ Teacher (grade _____)

_____ Teacher's Aide (grade _____)

Registration Fees

\$40.00 Family Fee _____ Amount Paid _____

\$30.00 Additional fee for Confirmation Retreat _____ Bill me beginning Nov. _____

PLEASE RETURN FORM BY SEPTEMBER 4, 2009

**DIOCESE OF MONTEREY
 PERMISSION WAIVER AND CONSENT FOR TREATMENT FORM
 FOR PARISH/SCHOOL ACTIVITY/EVENT**

To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the ROMAN CATHOLIC BISHOP OF MONTEREY, CALIFORNIA, A CORPORATION SOLE, also known as the DIOCESE OF MONTEREY which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event: Faith Formation / Religious Ed 2009-10

Starting Date: Aug. 23, 2009

Mode of Transportation: _____ Parents are responsible for transportation to/from classes

_____ (name of parent or legal guardian) parent or legal guardian of _____ (name of child/ren)

hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaplains, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: _____ Date: _____

Please provide the following:

Child's Name: _____ Male Female

Date of Birth: _____ Male Female

Child's Name: _____ Male Female

Date of Birth: _____ Male Female

Child's Name: _____ Male Female

Date of Birth: _____ Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries) or special health/physical conditions: _____

Insurance Information: (If available) _____

Insurance Carrier (Dependent Coverage): _____

Name of Policy Holder: _____ Policy Number: _____

Persons Authorized to Pick-Up Children: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

My Child/ren may walk home from this program.

My Child may drive him/herself home from this program.

My Child requires a Child Safety Seat.

Person(s) to notify in case of an emergency: _____

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Child/ren's Doctor: _____ Phone Number: _____

Child/ren's Dentist: _____ Phone Number: _____