

For Office Use

Family Name- _____

School Year: _____

Fee: _____ Check #: _____

Home-Based Catechesis Registration Form
NAME OF PARISH

Appendix A

Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level	Name of Day School	Baptism Date & Parish	1 st Penance Date	1 st Communion Date

Family Name: _____ Home Phone #: _____

Address: _____ Email: _____
Street City Zip Code

Father's Name: _____ Work Phone #: _____ Cell Phone #: _____

Mother's Name: _____ Work Phone #: _____ Cell Phone #: _____

CUSTODY: Are there custody issues regarding this child? YES NO

- I met with the pastor (or his delegate) and declared my intention to provide religious instruction for my child(ren) in my own home.
- I understand and agree to the requirements and expectations of the (Parish NAME) Home-Based Catechesis Program as outlined by the Pastor and his staff.

Signature _____ Date _____ Relationship to Child(ren) _____

Family Name: _____

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Since your child(ren) is expected to attend parish activities associated with Home-Based Catechesis, the following information is necessary.

EMERGENCY INFORMATION:

Health Insurance Co: _____ Policy/Group number: _____

Person responsible for charges: _____ Hospital: _____

Physician's Name: _____ Phone #: _____

If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone Number(s): _____

CONSENT FOR MEDICAL CARE:

I give permission that in my absence my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in programs and activities at **(PARISH NAME)** Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

SPECIAL NEEDS INFORMATION

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Allergies	Prescribed Medications	Accommodations for Special Learning Needs (Autism, ADD, ADHD, Vision, Hearing, Speech, Other)

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