

(CHURCH NAME & ADDRESS/ TELEPHONE/ FAX / EMAIL)

RELIGIOUS EDUCATION REGISTRATION

Date of Registration/*Fecha de registraci3n*: _____

Name *Nombre* : _____

Date of Birth _____ Age/*Edad* _____ Grade in School _____
Fecha de Nacimiento _____ *Nivel en la Escuela* _____

Father's/Guardian's name _____ Cell # _____
Nombre del Padre o Tutor _____ *Celular* _____

Mother's name _____ Cell # _____
Nombre de la madre(_____ *Celular* _____

Home phone: _____ e-mail _____
Telefono de hogar _____

Mailing Address/*Direccion*

Town/*Ciudad* _____ Zip / *Ciudad* _____

Sacramental Records

Baptized/*Bautizado* _____ Yes/*Si* _____ No _____ **If no** – please bring Birth certificate
Date _____ Church _____ **Si no** – *por favor traer el Certificado de Nacimiento*

Sacrament of First Communion/*Sacramento de Primera Comunion* _____ Yes/*si* _____ No _____
Date _____ Church _____

I/We agree to have our child participate in the parish religious education program.
Estamos de acuerdo en que nuestro hijo/a participe en el programa de educacion religiosa.

Parent's Signature/ *Firma de Padre/Tutor* _____ Date/*Fecha* _____

Additional need Information on the other side.

OFFICE USE ONLY (*Solo para uso administrativo*)

Registered by _____ Fee Paid _____

Catechist Assignment

Catechist assigned _____ Day/time: _____

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Room Assigned _____

HEALTH AND MEDICAL INFORMATION

Emergency Contact

In case of emergency and parent/guardian cannot be reached, contact:

En caso de emergencia y no me encuentran comunicarse con

Phone/Telefono: _____ Relationship _____

List all allergies your child has _____

List all conditions (such as allergies, seizures, asthma, diabetes) for which your child requires ongoing medication and state the type and frequency of medication given: _____

List any physical restriction or restriction for any activity on the basis of medical condition. _____

Does your child have special learning needs? _____ Yes _____ No

Educacion Especial ____ *Si* _____ *No*

If yes, please explain

PARENTAL PERMISSION AND RELEASE AND WAIVER OF LIABILITY

We agree on behalf of myself/ourselves, and my/our child named herein to release and waive any and all claims for damages which I/we or our child may have, so as to release and discharge in advances those parties hereinafter named and further agree to indemnity, hold harmless and defend the Roman Catholic Bishop of Las Cruces, and his successors, the Diocese of Las Cruces, _____ Parish, its officers, directors and agents, volunteers, chaperons, and/or representatives from any and all liability arising from or in connection with my/our child the parish religious education program or in connection with any illness or injury or cost of medical treatment in connection.

Parent's/Guardian Signature/ *Firma de Padre/Tutor*

Date/Fecha