

Please complete one per child
CHURCH OF THE ASCENSION
Religious Formation Registration
and General Consent Form

Student Name _____ Sex: M F DOB _____ Grade _____

Address _____ City _____ AZ Zip _____

Home Phone _____ Family Email _____

Sacraments received: Baptism _____ Confirmation _____ First Eucharist _____

Student live with: Parents Mother only Father only Other _____

Father's Name _____ Cell Phone _____

Sacraments received: Baptism ___ Confirmation ___ First Eucharist ___ Marriage ___

Mother's Name _____ Cell Phone _____

Sacraments received: Baptism ___ Confirmation ___ First Eucharist ___ Marriage ___

Safe Environment Classes will be held in November. Do you give permission for your child to attend the class? Yes _____ No _____

Doctor _____ City _____ Office Phone _____

Insurance Co. _____ Group Number _____

In case we cannot contact a parent in an emergency, please provide:

Alternate emergency contact name _____ **Phone** _____

Date of last tetanus shot for participant – Are **vaccinations** up to date? _____

The Lord created and loves each and every child with their unique needs. Faith formation programs are open to all children. Accommodations can be made for individual students upon parent request.

To help us provide a safe and loving environment for all children in our program, please let us know if you child has any **special medications, illnesses, food allergies, or physical or emotional conditions** we would need to know about:

Names of other children	Age	Registered in RE?		Baptized?		First Eucharist?		Confirmation?	
		Yes	No	Yes	No	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No	Yes	No	Yes	No

Date this form is good through: June 30, 2018

MEDICAL RELEASE

I request that the above named participant be allowed to attend church related school, activities, events, trips; social's and service opportunities with Church of the Ascension. In the event of an illness, I request that the designated volunteer or Director of Catechetical Ministry obtain medical treatment on my behalf for my student if I, or the emergency contact number, cannot be reached. Prescription medication will be given in its original container with dosage information on it. I understand reasonable precautions will be taken to safeguard the health and well being of my child and that I will be contacted immediately in case of emergency or accident. I understand this form will be kept on file and used for the entire fiscal year dated below. I promise to update any information that changes throughout the year. I understand I will be asked to sign attendance forms for each event or trip. I will not hold Church of the Ascension, the Diocese of Phoenix, the chaperon or Director of Catechetical Ministry responsible for accident or injury.

BEHAVIOR AGREEMENT

My student named above will dress and act respectfully; use no verbal or physical abuse of self or others; will not have in possession at anytime, alcohol, drugs or tobacco of any kind; will be responsible for their own belongings; will not leave the designated area at any time for any reason without contacting the adult in charge; and will review these guidelines with me prior to signing below. I understand that if the child named above is involved in any illegal activity or serious destructive behavior that I will be contacted immediately and responsible for their immediate transportation home.

PHOTO RELEASE-Please mark one: Yes, _____ my child's photos may be used
No, _____ my child's photos may not be used.

I hereby grant my consent to use and release to:
The Catholic Diocese of Phoenix the use of my name and or my likeness or my student's name or likeness, whether in still, motion pictures, audio or video tape, photograph and/or other reproduction of me or my child, including voice and features, with or without names, of any promotional purposes involving the diocese or parish or program, news feature stories in The Catholic Sun or other media or other purpose whatsoever, except for the endorsement of any commercial products.

Parent or Legal Guardian Signature

Today's date _____