

Blessed Sacrament Catholic Church
Religious Education Registration Form 1st, 3rd, 4th, 5th, 6th, 7th and 8th grade only.

Please print clearly

Name of Child _____		
Last	First	Middle
Place of Birth _____ Date of Birth _____		
City	State	Month Day Year
Age _____	Grade _____	
Please complete the following information and I need a copy of the Baptismal Certificate. If your child was baptized at Blessed Sacrament in Cocoa Florida I do not need a copy of the Baptismal Certificate, just complete the information below.		
Church of Baptism _____		
Place of Baptism _____		
City	State	Zip
Date of Baptism _____		
Month	Day	Year
Father's Name _____ Religion _____		
Last	First	
Mother's Name _____ Religion _____		
Last	First	
Working E-mail Address _____		
Current Address _____		
Please check one: child lives with <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father		

The annual registration fee is: \$40.00 for one child \$70.00 for two children or \$80.00 for three or more children. Payments may be made in installments. No child will be turned away for lack of tuition.

I have read and understand the information included in the registration packet.

Parent Signature: _____ Date: _____

(For office use only)

Date Received: _____ Total Fee \$ _____ Amt Paid \$ _____ Cash/Check # _____ BAL Due \$ _____ Staff Initials: _____

Second Payment: Date Received: _____ Amt Paid \$ _____ Cash/Check # _____ BAL Due \$ _____ Staff Initials: _____

DIOCESE OF ORLANDO PERMISSION FORM AND RELEASE OF LIABILITY
FOR BLESSED SACRAMENT CHURCH

I am the parent/guardian of _____ give my permission for my child to attend Religious Education classes on Blessed Sacrament Church property. By granting permission, I also waive any claims against, and release and hold harmless, Blessed Sacrament Church, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives, from any harm that occurs to my child while participating in Faith Formation classes at Blessed Sacrament.

In the event my child requires medical treatment or transportation for medical care, Blessed Sacrament Church will attempt to contact me at the number(s) listed below. If they are unable to reach me, Blessed Sacrament may contact the designated emergency contact at the number(s) listed below. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian (Print Name)

Emergency contact (Print Name)

Phone Numbers:

Phone Numbers:

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

MEDICAL INFORMATION: Please provide any additional, specific information about your child that you feel we need to know.

Child's Name: _____

Allergies: _____

Chronic or Acute Illnesses: _____

Medication Presently Being Taken: _____

Other Facts We Should Know _____

I acknowledge that all of the information provided is true and correct and will only be disclosed to the volunteers, or other adult supervisors and any medical providers as needed.

Parent/Guardian Signature

Date