

2016 - 2017 Maria Lanakila Religious Education Registration

(Please Print Clearly & Complete both sides of the form)

Child's Name _____
Last First Middle

Address _____
Street & Number City Zip code Telephone Number

Birth Date & Place of Birth _____
City State Country

Father's Name _____ Religion _____
Last First

Mother's Name _____ Religion _____
Last First

School Attending _____ Grade _____

OTHER CHILDREN REGISTERED IN RELIGIOUS EDUCATION

1. Name _____ Grade _____ 3. Name _____ Grade _____

2. Name _____ Grade _____ 4. Name _____ Grade _____

RELIGIOUS EDUCATION BACKGROUND

This is my child's first time registering for the Maria Lanakila Parish Religious Education Program: Yes ___ No ___

My child has been registered with the Maria Lanakila Parish Religious Education Program for _____ Years

My child had been registered with the Religious Education program at another parish:

Parish _____ City _____ State _____ Country _____ Grade(s) _____

Parish _____ City _____ State _____ Country _____ Grade(s) _____

SACRAMENTS RECEIVED

My child received the following Sacraments at **MARIA LANAKILA PARISH**: (check all that apply)

Baptism _____ Age _____ Date _____ (mm/dd/yyyy)

Confession _____ Age _____ Date _____ (mm/dd/yyyy)

Confirmation _____ Age _____ Date _____ (mm/dd/yyyy)

Holy Communion _____ Age _____ Date _____ (mm/dd/yyyy)

PLEASE NOTE: IF YOU CHILD DID NOT RECEIVE THE SACRAMENT OF BAPTISM AT MARIA LANAKILA PARISH, **YOU MUST TURN IN A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE.**

My child received the Sacraments at another Parish: (please leave this part blank if it does not apply to your child)

Baptism
Date _____ Parish _____ City _____ State _____ Country _____
(mm/dd/yyyy)

Confession
Date _____ Parish _____ City _____ State _____ Country _____
(mm/dd/yyyy)

Confirmation
Date _____ Parish _____ City _____ State _____ Country _____
(mm/dd/yyyy)

Holy Communion
Date _____ Parish _____ City _____ State _____ Country _____
(mm/dd/yy)

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HEALTH

Does your child have any health problems or medical conditions that we should be aware of? Please explain.

EMERGENCY CONTACT INFORMATION

Mother's Place of Employment _____

Work Number _____ Cell Phone Number _____

Father's Place of Employment _____

Work Number _____ Cell Phone Number _____

MEDICAL RELEASE FORM

As a parent and/or guardian, I do herewith authorize that my child receive treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent or Legal Guardian's Signature _____ Date _____

SAFE ENVIRONMENT PROGRAM

___ Yes, I give consent for my child(ren) to participate in the Safe Environment training program.

___ No, I do not give my consent for my child(ren) to participate in the Safe Environment training program.

___ I will attend the parent class and make my decision at that time.

Consistent with diocesan policy, Maria Lanakila will conduct Safe Environment training as part of the religious education curriculum. A meeting will be held before the class is conducted to provide parents an opportunity to review the safe environment materials.

Parent or Legal Guardian's Signature _____ Date _____