



Christ the King Religious Education Ministry
 2011-2012 FAMILY REGISTRATION FORM
 1800 Bedford Way, Bakersfield, CA 93308 (661) 399-1956



Today's Date: _____

Family Last Name: _____ Home Phone: _____

Father: _____ (Please circle) Cell/Work Phone: _____

Mother: _____ (Please circle) Cell/Work Phone: _____

Home Address: _____

City Zip Code

(If different from above)

Mailing Address: _____

City Zip Code

E-Mail Address: _____

Mother's Maiden Name: _____ Registered by: _____

Student Name: (Include last name if different from family last name)	Has student been baptized? If yes, please give Church and year	Received 1 st Holy Comm	Grade Level	Office Use Only	
				Day	Program
<input type="checkbox"/> New <input type="checkbox"/> Allergy <input type="checkbox"/> Special Need Specify: _____ Additional Comments: _____ 1 DOB: ____/____/____	<input type="checkbox"/> No (Advise Staff) <input type="checkbox"/> Yes (Parish Name and Year) Special Last confession on ____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> K-5 _____ <input type="checkbox"/> EDGE/LT Ts -Size _____ <input type="checkbox"/> RCIC 1-2 <input type="checkbox"/> C1/C2	
<input type="checkbox"/> New <input type="checkbox"/> Allergy <input type="checkbox"/> Special Need Specify: _____ Additional Comments: _____ 2 DOB: ____/____/____	<input type="checkbox"/> No (Advise Staff) <input type="checkbox"/> Yes (Parish Name and Year) Last confession on ____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> K-5 _____ <input type="checkbox"/> EDGE/LT Ts -Size _____ <input type="checkbox"/> RCIC 1-2 <input type="checkbox"/> C1/C2	
<input type="checkbox"/> New <input type="checkbox"/> Allergy <input type="checkbox"/> Special Need Specify: _____ Additional Comments: _____ 3 DOB: ____/____/____	<input type="checkbox"/> No (Advise Staff) <input type="checkbox"/> Yes (Parish Name and Year) Last confession on ____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> K-5 _____ <input type="checkbox"/> EDGE/LT Ts -Size _____ <input type="checkbox"/> RCIC 1-2 <input type="checkbox"/> C1/C2	
<input type="checkbox"/> New <input type="checkbox"/> Allergy <input type="checkbox"/> Special Need Specify: _____ Additional Comments: _____ 4 DOB: ____/____/____	<input type="checkbox"/> No (Advise Staff) <input type="checkbox"/> Yes (Parish Name and Year) Last confession on ____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> K-5 _____ <input type="checkbox"/> EDGE/LT Ts -Size _____ <input type="checkbox"/> RCIC 1-2 <input type="checkbox"/> C1/C2	

PLEASE CONTINUE ON THE BACK

OFFICE USE ONLY:

Copy of Baptism Certificate

Proof of 1st Holy Communion

Transfer Letter

Special Notes: _____

Donation Information: K-5th Grades \$50.00, EDGE/LifeTeen/Confirmation Programs \$60.00 (Per student)

Check # _____ for \$ _____ Cash \$ _____ Service Hrs. _____ Materials/Supplies _____

Diocese of Fresno Parish Consent for Emergency Medical Treatment, Parish Activities Permission and Release of Liability

I, the undersigned parent or guardian, voluntarily give permission for and request that my child be allowed to attend and participate in parish-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participation in parish events and activities. I agree to direct my child to cooperate and conform to directions, instruction and rules given by parish personnel or agents, chaperons, or diocesan personnel responsible for all parish events and activities. If requested, I will sign a Permission and Release form for each specific event or activity conducted off parish grounds. I reserve the right not to have my child participate in parish-sponsored events. I understand that participation in parish-sponsored events, activities, including those off parish grounds, involve some risk (including any travel to and from these events or activities), and that unforeseen events can occur. I am informed and agree that transportation, if involved may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the parish. In exchange for permitting my child to participate in the parish's activities, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and or successors, heirs, and assigns) may have against the parish and Diocese of Fresno. I release and discharge the parish and Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising out of the parish activity. In the event of an emergency, and if the parish is unable to contact me, I authorize parish personnel or other adult leadership of a parish-sponsored even or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno will not be responsible to pay for any medical or dental expenses. This permission, waiver, release, and consent applies to the parish named. The Roman Catholic Bishop of Fresno (a corporate sole), Diocese of Fresno, Diocese of Fresno Education Corporation, all Diocese of Fresno schools, all parishes, affiliated organization, and their officers, clergy, agents and employees. This waiver and release form is signed in order for my child to participate in parish events and activities for my child(s) own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are, or may be involved. I authorize any hospital, which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the diocesan or parish representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read and received a copy of this release and understand all of its terms. I request that my child be allowed to participate in the parish events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child(ren) and he/she/they is/are aware of and understand the importance of following all rules set out for the parish events, activities, or sports. A copy of this release shall be as valid as the original authorization and may be given to the adult leader of the event, activities, or sports.

Parent Name: _____ **Date:** _____ **Parent Signature:** _____

RELEASE FOR PARISH PRODUCTION:

I hereby grant the above named parish (hereinafter called PRODUCER), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of my child, motion picture or video or tape pictures of my child, or in which my child may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with his/her own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, successors, and assignees or other for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that my occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I Parent and/or legal Guardian of the above named student, do hereby consent and grant my permission to all of the foregoing

Parent Name: _____ **Date:** _____ **Parent Signature:** _____

INSURANCE INFORMATION IN CASE OF EMERGENCY:

Insurance Carrier:	Policy/Group/ID Number:
Family Physician:	Phone Number:
Family Dentist:	Phone Number:

EMERGENCY CONTACTS: Please list at least two local alternate contacts in case of emergency:

Name:	Cell/Work/Home Phone: (Please circle)
Name:	Cell/Work/Home Phone: (Please circle)