

Please fill out one data sheet per student - 2014-15 Information

STUDENT INFORMATION

Child Full Name: _____

First

Middle

Last

Date of Birth: _____ Gender: M F **SCHOOL GRADE 2014-2015** _____

SCHOOL ATTENDING 2014-2015 _____

Language(s) spoken in home _____

What is the **best** telephone # to contact parent during RE class? _____

Primary e-mail address: _____

Please check below all classes for which you are registering child:

PreK 4 Year Old – 8th Grade

- Sunday 10:00-11:15 AM
 Wednesday 5:30-6:45 PM

Lifeteen Grades 9-12

- Sunday 6:45-8:45 PM

Confirmation 1 (Theology of the Body)*

- Sunday 1:00-2:30 PM
 Wednesday 5:30-7:00 PM

Confirmation 2 (must have completed Confirmation 1)

- Sunday 1:00-2:30 PM
 Wednesday 5:30-7:00 PM

PLEASE MARK WHICH SACRAMENTS CHILD HAS RECEIVED:

Baptism First Reconciliation First Communion Confirmation

Was your child baptized at St. John's in Madison? Yes No

If "No", and registering your child for First Communion or Confirmation, please send us a copy of your child's baptismal certificate as soon as possible.

Student Health Needs Information

Health Conditions (if any) _____

ALLERGIES (especially food) _____

Special Needs _____

(please list any developmental, physical or behavioral needs)

Alternate Contact: _____ Relationship: _____

Phone(s) of Alternate: _____

I do hereby give consent for all emergency medical care on my child enrolled at the Parish Religious Education programs (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during religious education classes. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child. In consideration of the parish or school allowing my child to participate in said classes, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnitees. This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnitees, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it. I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Signature of Parent/Guardian

Date