

Registration Information Form for Catechesis Date_____ Fee Paid_____

Father's Name: First_____ Last_____

Mother's Name: First_____ Last_____

Maiden_____

Legal Guardian: First_____ Last_____

Mailing Address _____
Street City Zip

Home Phone Number_____

Mother's Work Number _____ Cell Phone Number_____

Father's Work Number _____ Cell Phone Number_____

Parent E-mail address_____

Youth E-mail address_____

Registered Member(s) of St. Joseph Church: Yes_____ No_____

Mother: Catholic_____ Other_____ Father: Catholic_____ Other_____
(Denomination) (Denomination)

Medical/Emergency Information:

Name of Child(ren) _____ Medical allergies and/or significant medical history _____

Name of Physician: _____ Phone: _____

Medical Insurance Company: _____ Insurance Number: _____

Emergency contact in case parents/guardians can't be reached:

Name: _____ Phone number: _____ Relationship: _____

Medical Release: I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child, in the event of a medical situation occurring in my absence or when the hospital or physicians are *unable to contact me*. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff where treatment is rendered by the physicians. I release from medical responsibility and liability the hospital, physicians(s) and nursing personnel for performing medical procedures and acting on the authority of this medical treatment consent form which such medical providers deem necessary for my child. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Dates for which this release is intended: **September 1, 2008 – August 31, 2009**

Parent/Guardian Signature _____ Date: _____

If your child has any special learning needs of which we should be aware, or for which he/she is taking medication, please explain and advise of ways we can best help your child:

Children's Names Nickname Age Grade Date of Birth Date of Baptism Session (day & time)

I would be interested in helping...

_____ bring treats _____ by being an assistant to the catechist in the _____ atrium
_____ wherever needed _____ by being a catechist in the future

Please fill out & sign the following permission, if we have your authorization to publish your child's picture on our website. No names will accompany any photograph used on the web site.

I, _____ (print your name) grant permission for St. Joseph Catholic Church of Winterset, to publish pictures of me and/or my child(ren) on the church's web site or in the church's publicity information, newsletters, or bulletins. I understand that if I give notice to the webmaster that I object to any particular picture of me or my child on the web site, it will be removed as soon as possible. I understand that neither I nor the child(ren) named above will be paid any royalty or other compensation for the publication of the picture.

I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian.

Signed _____ Date _____

Altar Server Information:

If you have a son or daughter who would like to be an altar server and they are in 4th grade or above, please check the calendar for the date of the Altar Server Training which is scheduled for a Wednesday evening in October.

Children new to St. Joseph church & sacramental celebrations:

Children celebrate the sacraments of First Reconciliation and First Eucharist at the end of 2nd grade. Confirmation is celebrated at the end of 8th grade. If you are new to our parish and have a child who has not received a sacrament that his/her peers have received, please explain below.

As a pre-requisite to receiving any sacrament, your child must be baptized and we must receive a copy of your child's baptismal certificate. Please state the faith in which your child was baptized if it was not a Catholic baptism. _____

Registration Fees:

\$25 for 1 child

\$45 for 2 children

\$60 for 3 or more children

\$20 Sacrament fee for the Confirmation Retreat in 8th grade (*Can be paid later in the year*)

Fees are due at the time of registration. No child or family will be excluded from our faith formation program due to a lack of funds. However, a completed registration form, including medical and emergency information, must be on file in the Office for Catechesis for your child to be enrolled in catechesis.

Please call the Office for Catechesis at 462-2668 if you have any questions or concerns.