

Catechesis Registration 2011-2012

St. Joseph Church, Winterset, Iowa

Family Information

Date completed _____

Father: _____
First Last

Mother: _____
First Last Maiden

Legal Guardian: _____
First Last

Address: _____
Street City Zip

Mother's Contact Info

Home Phone (____) ____ - ____

Cell Phone (____) ____ - ____

Work Phone (____) ____ - ____

Home Email _____

Work Email _____

Father's Contact Info

Home Phone (____) ____ - ____

Cell Phone (____) ____ - ____

Work Phone (____) ____ - ____

Home Email _____

Work Email _____

Youth E-mail _____

Registered Member(s) (select one)

_____ St. Joseph's of Winterset _____ St. Patrick's of Cumming

_____ Other: _____

Mother: Catholic _____ Other Denomination _____

Father: Catholic _____ Other Denomination _____

Children to Register

Name Nickname Age Grade Date of Birth Session Choice

I would be interested in helping... (*Please indicate Mother, Father, or Both*)

_____ bring treats (after school sessions only)

_____ by being an assistant to the catechist in the _____ atrium

_____ by being a catechist in the future

_____ wherever needed

Please complete & 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 / do not grant (circle one) 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 _____

Other Information

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 after one Sunday mass in October.

Children New to St. Joseph Church & Sacramental Celebrations: Children celebrate the sacraments of First Reconciliation and First Eucharist at the end of Second grade. Confirmation is celebrated at the end of Tenth or Eleventh grade. If you are new to our parish and have a child who has not received a sacrament please contact the office at 515-462-1083 or the Coordinator for Religious Education at the same number or hhonkomp@gmail.com.

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. _____

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

\$25 – 1 Child

\$45 – 2 Children

\$60 – 3 or more Children

Please contact the Coordinator for Religious Educations at 515-462-1083 or hhonkomp@gmail.com if you have any questions or concerns. Thank you.

Medical/Emergency Information for Children Enrolled in Religious Education
St. Joseph Church, Winterset, Iowa

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

Physician: _____ (____) _____
Name Phone

Medical Insurance: _____
Company Name Insurance Number

Emergency contact when parents/guardians cannot be reached:

Name Phone 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, 2011 – August 31, 2012**

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: