

2020 - 2021 Maria Lanakila Religious Education Program Registration

PLEASE PRINT CLEARLY * PLEASE PRINT CLEARLY * PLEASE PRINT CLEARLY * PLEASE PRINT CLEARLY

Today's Date	Telephone Number	Email	
Child's First Name	Middle Name	Last Name	
Date of Birth <i>(mm/dd/yyyy)</i>	Place of Birth <i>City State Country</i>		
School Attending		Grade	
Father's First Name	Last Name		Religion <input type="checkbox"/> Catholic
Mother's First Name	Last Name	Maiden Name	Religion <input type="checkbox"/> Catholic
Address			<input type="checkbox"/> Same as Mailing Address

RELIGIOUS EDUCATION BACKGROUND

Maria Lanakila Religious Education	<i>My Child has been registered with the Religious Education Program at <u>another parish.</u></i>
<input type="checkbox"/> 2019 - 2020	Parish: _____ City: _____ State: _____ Country: _____ Grade(s): _____
<input type="checkbox"/> 2018 - 2019	
<input type="checkbox"/> 2017 - 2018	
<input type="checkbox"/> 2016 - 2017	
<input type="checkbox"/> 2015 - 2016	
<input type="checkbox"/> 2014 - 2015	
<input type="checkbox"/> 2013 - 2014	
<input type="checkbox"/> 2012 - 2013	
<input type="checkbox"/> 2011 - 2012	

SACRAMENTS RECEIVED

Maria Lanakila Parish	Another Parish: _____
Baptism Date _____ <i>(mm/dd/yyyy)</i> Age _____	Baptism Date _____ <i>(mm/dd/yyyy)</i> Age _____ <i>please submit a copy of the Baptism certificate</i>
Confirmation Date _____ <i>(mm/dd/yyyy)</i> Age _____	<input type="checkbox"/> Copy of Baptism certificate already submitted Confirmation Date _____ <i>(mm/dd/yyyy)</i> Age _____
First Holy Communion Date _____ <i>(mm/dd/yyyy)</i> Age _____	First Holy Communion Date _____ <i>(mm/dd/yyyy)</i> Age _____

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. (August 7, 2019 in the Hall 5:45-6:30)

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 _____