

# Holy Trinity Parish Religious Education Registration Form

Student Id:

## Student Information

Name:

Address:

City: Zip:

Home Phone #:

Birth date:

Current Grade: School:

**(Students will be placed in grade they will begin in Fall of 2011)**

Sacraments Received (Circle):

Baptism    1st Communion    Confirmation

Conditions or History (health, allergies, other):

Medications (used during session):

Insurance Company: Policy#:

## General Information

Parent/Guardian Name:

Interested in helping as Catechist: Aide:

Cell#: Work#:

Parent/Guardian Name:

Interested in helping as Catechist: Aide:

Cell#: Work#:

Parish where family is registered at:

## Registration Information

Session (June 6-17 or August 1-12):

Registration Fee Included: YES / NO Amount:

Bus Service Needed: YES / NO \$15 Fee Included:

Holy Trinity Parishioners: \$30 per student/\$90 Max. per family

Non-Holy Trinity Parishioners: \$50 per student

**(PLEASE SEE NEXT PAGE)**

## Emergency Contact Information

**Name:**

**Name of Emergency Contact:**

**Phone #:**

**Relationship to Student:**

Many of our catechists hold sessions outside at the parish and on field trips when weather is permitting. Children will always be well supervised and the office will know where the classes are at all times. As a precaution, we ask parents to read the 'permission and release' section below and sign it. If we do not have this signed, your child will not be able to participate in these activities. If you have any questions, please contact Cameron Smith at [csmith@holytrinitycheyenne.org](mailto:csmith@holytrinitycheyenne.org) or 632-4482.

## Permission and Release

I/We hereby consent to my child, listed above, participating in the Holy Trinity Summer Religious Education activities, those on-site and those off-site. I/We understand that some events will take place away from the parish grounds and that my/our child will be under adult supervision and all reasonable caution will be taken to prevent accidents or injuries. I/We hereby release and indemnify Holy Trinity Parish, its staff and volunteers, and the Diocese of Cheyenne from any and all liability arising from claims of any kind or nature whatsoever from my/our child's participation in this event, including transportation.

In the event my child were to become injured, I/We give permission for the supervising adults to seek medical care or treatment for my/our child. I/We understand that if my/our child does become sick or injured, every effort will be made to contact a parent or guardian. If Holy Trinity cannot reach a parent/guardian, we will contact the emergency contact listed above.

**Parent/Guardian Name:**

**Signature:**

**Date:**