

ONE FORM PER CHILD PLEASE

STUDENT FIRST NAME/NICKNAME: _____ LAST NAME: _____

AGE: _____ GRADE: _____ DOB: _____ ATTENDS ST. THOMAS ACADEMY _____

PLEASE CONTACT ME BY (CHOOSE ONE OR BOTH): CELL PHONE _____

EMAIL _____

INFORMATION CONCERNING SACRAMENTS

Does your youth plan to receive a sacrament in the spring? NO YES

IF YOU ANSWERED NO, PLEASE CONTINUE DOWN TO FOOD ALLERGIES

IF YOU ANSWERED YES, PLEASE READ EVERYTHING INCLUDED IN THIS BOX.

EXCEPT FOR BAPTISM, YOUR YOUTH MAY RECEIVE ONLY ONE SACRAMENT PER CLASS CYCLE TO REGISTER FOR SACRAMENT PREP CLASSES, PLEASE FILL OUT THAT FORM IN ADDITION TO THIS ONE.

To receive a sacrament, youth must attend **BOTH** a *Religious Education class*

AND the appropriate *Sacramental Prep class.*

* * All youth should attend Religious Education classes from the very beginning.



NO KNOWN ALLERGIES

LIST ANY ALLERGIES OR CONDITIONS NOT LISTED THAT YOU WOULD LIKE US TO BE AWARE OF:

MARK AN "X" THROUGH ANY

FOOD ALLERGIES ABOVE YOUR YOUTH HAS

*You May Send Snacks for Your Youth
Only Water for Drink, Please.*

K-12 RELIGIOUS EDUCATION REGISTRATION ONLY * PLEASE FILL OUT BOTH FRONT AND BACK OF FORM

Occasionally, the Diocese of Baker asks us for pictures from special events held at the parish. If you don't mind your child's picture possibly appearing in such parish literature, please indicate below that we have permission to use photos which may include your child.



YES, You may use photos of my child for parish/Diocese literature.

If you prefer that photos of your child are not used, please indicate that below:



NO, Please do not use photos of my child for parish/Diocese literature.

PHOTO PERMISSION * PHOTO PERMISSION * PHOTO PERMISSION

Medical Release/Release of All Claims

I give consent for the administration of any emergency treatment for the above named minor child as deemed necessary by a registered nurse, licensed physician, or dentist. Additionally, I give my consent for the transfer of the minor to any hospital reasonably accessible when medically necessary. This authorization does not cover major surgery unless the medical opinion of two licensed physicians agrees there is a necessity for such surgery prior to the performance of the surgery.

Additionally, I hereby release the Bishop of Diocese of Baker, the Diocese, St. Thomas parish, its agents and employees from all actions, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against the Diocese of Baker and other above described parties, for all personal injuries or other claims for relief known or unknown which said youth or ward has or may incur by participating in activities or events associated with youth programs of the church and which would normally occur as a summed risk of participating in said activities.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

PRINTED NAME: _____ SIGNATURE: _____

DATE: _____

You may print out for your signature and then scan back to us in the office if you can't sign online. Or you may print out and return in person to the office or at the Gift Counter after any Weekend Mass. If you want to email your scanned form, you may email to the Religious Ed department at: stthomasministry@gmail.com



YOU MAY REGISTER WITH OR WITHOUT PAYMENT * 2020 FEE IS \$35

We accept Visa, MC, & Discover if paying in person at the office or at Registration Table.

We accept smaller payments throughout the year if you find that helpful.

If your child is to receive a sacrament, you need this form in addition to the Sacramental Prep Form.