

**Religious Formation Registration: Grades 1-8
Cathedral of St. John the Evangelist**

A. Child's Information

Last Name _____ First _____

Date of Birth _____ Age _____ Gender: M - F

Grade in 2011-12 _____ School _____ Shirt Sz _____

Child's Cell _____ Phone Texting? Y - N

Child's Email _____

B. Parent/Legal Guardian Information

Child lives with: ___ Parent ___ Legal Guardian ___ Other

Name of Parent/Legal Guardian _____

Physical Address _____

City/State _____ Zip _____

Ph (home) _____ (cell) _____ Ph Texting? Y - N

Parent Email _____

Emergency Contact: _____ Phone: _____

C. Medical History :

Drug/Food/Other Allergies: NONE - _____

Medical Conditions: NONE - _____

Current Medical Problems: NONE - _____

D. Medications – Prescribed by a physician

Name of Medicine	Dosage/Strength	Medicine given for:	Times to be given	Comments
(Example) Tylenol	500 mg	Headache/cramps	As needed	Take with food.

E. Specific Required Medical Information:

1) Immunizations: Date of last Tetanus/diphtheria immunization _____ Meningitis Vaccine _____

2) Does your child have a medically prescribed diet? If yes, please explain. YES NO

3) Describe your child's physical limitations, if applicable. ___ Non Applicable ___ Yes,

4) Describe and/or list any physical or emotional conditions that your child has that the staff should be aware of?



A) SACRAMENTAL HISTORY

BAPTISM

Church _____

City/St _____

EUCCHARIST

Church _____

City/St _____

If your child DID NOT receive these sacraments at the Cathedral of St. John the Evangelist, then you MUST provide a copy of the certificates with this registration.

B) ANNUAL FEES

Grades 1-8: \$35.00

Pay to: **St. John Cathedral & mail:**

St. John Cathedral

515 Cathedral St - Lafayette, LA 70501

Complete and sign reverse side of form.

PARENTAL INFORMED CONSENT FOR DISTRIBUTION OF MEDICATIONS/EMERGENCY TREATMENT

In regard to my child _____, I give my permission for the designated
(print child’s legal name)

Staff of the Cathedral of St. John the Evangelist to: Distribute and observe my child taking the medications noted below; Provide any medical urgent or emergency treatment deemed necessary by the health care professional/s involved; Arrange for transport of my child, by either Cathedral of St. John the Evangelist Staff or any Emergency Medical Services, to the nearest hospital for treatment as deemed necessary.

I am aware that I will be fully responsible for payment of any financial expenses that may be incurred for the urgent/emergent treatment of my child and fully consent to the treatment deemed necessary by the attending medical professionals. I understand that every effort will be made to contact me or the emergency contact noted on this form if an emergency so arises.

PARENT APPROVED NON-PRESCRIPTION MEDICATIONS

Sign your initials besides the non-prescription medication you approve for distribution to your child.

It is the responsibility of the parent/s to provide any medications that your child may need. The Cathedral of St. John does not guarantee that these medications will be available. Parent/s or the Emergency Contact listed on this form will be contacted by phone before distribution of these medications.

_____ Acetaminophen (Tylenol) _____ Ibuprophen (Motrin/Advil) _____ Benadryl

List other non-prescription meds _____

1. Medical History – Medications – Emergency Medical Treatment CONSENT - As parent/guardian, I understand that it is my responsibility to notify the Cathedral of St. John (ask for Danielle Huval 232-1322 or the director of my child’s program) regarding any changes in my child’s medical history or medications.

2. Photo/Video Consent – I grant to Cathedral of St. John the Evangelist (collectively the “sponsor”), its representatives and employees the right to take photographs and videos of my child _____ at any and all activities associated with the sponsors, to be used for promotional purposes. I authorize Cathedral of St. John the Evangelist, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I further agree that the Cathedral of St. John the Evangelist may use such photographs and videos of my child, taken at any event associated with the sponsors, in all forms, media and manners, without restriction as to changes or alterations, for advertising, trade, promotion, exhibition or any other lawful purposes.

3. Attendance – According to the diocesan policy, the class schedule correlates with the number of lessons/hours that must be covered. Classes will be held as noted on your child’s calendar provided.

- If your child is absent, you are expected to call _____ so we can document his/her records and provide make-up work.
- To excuse and absence, make-up work **MUST** be turned in to the teacher by the designated deadline.
- In order to progress to the next grade level, a child **CANNOT** have more than two unexcused absences.
- If a child has to repeat the grade, a make-up workbook will need to be purchased and completed and turned in before the next year’s registration or the child will need to repeat the previous grade level.

4. Cell Phones – When brought to class, cell phones **MUST** be signed in and out by the teacher. If the teacher picks up a cell phone during class, a parent **MUST** come and pick it up. If this happens a second time, the child will **NOT** be allowed to bring a cell phone in the future.

5. Discipline Policy –

- First Offense – Teacher will correct the child.
- Second Offense – The Religion Director will hand the situation and parents will be called.
- Third Offense – The Pastor will meet with the child and parents

SIGNATURE OF PARENT/LEGAL GUARDIAN and ADULT WITNESS

This consents and recognition of policies is binding for the designated
2011-12 Religious Formation year as determined by the Cathedral of St. John the Evangelist

I have read, understand and agree to comply with all of the above information. I have provided information about my child accurately and to the best of my ability.

Parent/Legal Guardian Signature _____ Date _____

Adult Witness’ Signature _____ Date _____

Print Name of Witness _____ Phone: _____