

# 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  (mm/dd/yyyy)	Place of Birth  City	State	Country
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 another parish.</i>
<input type="checkbox"/> 2019 - 2020	Parish: _____
<input type="checkbox"/> 2018 - 2019	City: _____
<input type="checkbox"/> 2017 - 2018	State: _____
<input type="checkbox"/> 2016 - 2017	Country: _____
<input type="checkbox"/> 2015 - 2016	Grade(s): _____
<input type="checkbox"/> 2014 - 2015	
<input type="checkbox"/> 2013 - 2014	<b>Other Children Registered in the Maria Lanakila Religious Education Program</b> Number of children registered in Religious Education _____ Grade(s) _____
<input type="checkbox"/> 2012 - 2013	Name of the <u>eldest</u> child registered in Religious Education First Name _____ Last _____ Age _____
<input type="checkbox"/> 2011 - 2012	

## SACRAMENTS RECEIVED

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

Does your child have any health problems or medical conditions that we should be aware of?  
Please explain.

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### **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 \_\_\_\_\_