

Grade \_\_\_\_\_  
2024/2025

**St. Edmond Catholic Church**  
**RELIGIOUS EDUCATION REGISTRATION Grades 1 – 8**  
All classes (Grades 1 - 8) are on Tuesdays from 5:30pm to 6:30pm.

Student's Name: \_\_\_\_\_ Sex: M F  
(Last) (First) (Middle) (Circle one)  
Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Registered Member of St. Edmond Parish Yes \_\_\_\_\_ No \_\_\_\_\_ How many years? \_\_\_\_\_

NOTE: IF YOU ARE A REGISTERED MEMBER LESS THAN A YEAR, YOU MUST PAY THE OUT-OF-PARISH FEE IN ADDITION TO YOUR REGISTRATION FEES.

If your child is new to our religious education program, a copy of your child's Baptismal and First Communion records are needed even if they received these Sacraments here at St. Edmond.

Attended religious education classes before: Yes \_\_\_\_\_ No \_\_\_\_\_ Where: \_\_\_\_\_

**PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY**

FATHER'S NAME: \_\_\_\_\_  
(Father's last name) (Father's first name)

Father's Primary Email Address: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
(Mother's last name) (Mother's first name)

Mother's Primary Email Address: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone#: \_\_\_\_\_ Mom's work phone#: \_\_\_\_\_

Dad's work phone#: \_\_\_\_\_ Mom's cell #: \_\_\_\_\_

Dad's cell #: \_\_\_\_\_

**Child lives with: (circle the one which applies to your circumstance)**

Father & Mother

Single Mother

Single Father

Mother & Step Father

Father & Step Mother

Grandparents

Guardian/Other

**Volunteers are greatly needed for teaching CCD, helping in the religious education office, substituting, and helping with special events.**

**I would be happy to HELP in the following manner:**

\_\_\_\_\_ Assist with arrival and/or dismissal of students to ensure the safety of the children

\_\_\_\_\_ Teach a class \_\_\_\_\_ Grade

\_\_\_\_\_ Substitute for classes

If volunteering, have you had the Safety Environment for Children [SEC] Training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and where did you have your Initial Training? \_\_\_\_\_

**REGISTRATION FEES (due by August 2) FOR ARE:**

One Child: \$65.00; Two Children: \$85.00; Three or More Children \$110.00

An additional fee of \$35.00 will be charged for those families who are registered for less than a year.

REGISTRATION FEES ARE NONREFUNDABLE.

**FOR OFFICE USE ONLY**

Date Registration Received \_\_\_\_\_

Date Fees Received \_\_\_\_\_

Paid: (Number of children) 1 2 3 3+

Check # \_\_\_\_\_ \$ \_\_\_\_\_

Cash: \_\_\_\_\_ \$ \_\_\_\_\_

Special Notations: \_\_\_\_\_

Emergency Contact Person 1: \_\_\_\_\_  
(Other than parents)

\_\_\_\_\_  
(Home#) (Work#) (Cell#)

Emergency Contact Person 2: \_\_\_\_\_  
(Other than parents)

\_\_\_\_\_  
(Home#) (Work#) (Cell#)

Is your child on any medication of which we need to be aware? If yes, please list medication(s).  
\_\_\_\_\_

Does your child have any illnesses, allergies, or disabilities of which we need to be aware?  
\_\_\_\_\_

Does your child have any type of special needs?  
\_\_\_\_\_

Names and Grades of Siblings Who Will Be Attending Catechism during the 2023-2024:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**PHOTO RELEASE**

I, the parent/legal guardian of \_\_\_\_\_, grant my expressed permission for the St. Edmond Catholic Church to photograph my child while attending classes and/or participating in activities connected to our program.

\_\_\_\_ Agree \_\_\_\_ Disagree I give permission for my child's photograph to be taken as per the above referenced activity.  
\_\_\_\_ Agree \_\_\_\_ Disagree I give permission for pictures of my child in a group setting to be placed on the St. Edmond's website, Instagram account, and/or Facebook page. Please note that no names of minors will be listed with any photographs.

By signing this release, I acknowledge that I hereby release and forever discharge St. Edmond Catholic Church and her employees/volunteers from and against all claims, damages or suits which may arise from the use of these pictures taken during the CCD activities.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL RELEASE**

This is to inform you that \_\_\_\_\_ has my permission to attend and participate in all St. Edmond CCD activities on church property. I also understand that some activities may require physical exertion, and I give my child permission to participate in all such activities.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that not all students and volunteers will be wearing face masks and do not hold St. Edmond responsible for any Covid-19 related medical issues that may arise.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**ST. EDMOND CATHOLIC CHURCH MEDICAL CONSENT FORM**

Permission is hereby granted to the person in charge during St. Edmond CCD to call 911 for ambulance and medical assistance for my child, \_\_\_\_\_, if deemed necessary. Every precaution will be taken to prevent an accident or injury, however in the event of accident or illness, I will assume financial responsibility for treatment of the above-named youth and not hold the Diocese of Lafayette, St. Edmond Church and/or the adult volunteers financially liable.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_