

Grade: _____

ANACONDA CATHOLIC COMMUNITY RELIGIOUS EDUCATION REGISTRATION FORM

YOUTH INFORMATION

Name _____
(first name) (middle name) (last name) (date of birth)

Address _____ School _____ Sex: M F

Email _____ Cell Number _____

Special Concerns: Learning/attentiveness difficulty, special medical conditions, medications

SACRAMENT INFORMATION: Indicate in what city the sacrament was first celebrated.

Baptism (city) _____
Reconciliation (city) _____
Eucharist (city) _____

Father _____
(last name) (first name) (middle name)

Mailing Address _____ Email: _____
(street) (city/state/zip code)

Religion _____ Home Phone _____ Work/Cell Phone _____

Mother _____
(last name) (maiden name) (first name) (middle name)

Mailing Address _____ Email: _____
(street) (city/state/zip code)

Religion _____ Home Phone _____ Work/Cell Phone _____

**We have different addresses, please send family communications to both parents. Yes No
Is the father a registered member of the Anaconda Catholic Community? Yes No
Is the mother a registered member of the Anaconda Catholic Community? Yes No

ANACONDA CATHOLIC COMMUNITY MEDICAL CONSENT AND RELEASE FORM

(To be completed for each person under 18 years of age)

Name _____ Phone _____
(last name) (first name)

Address _____
(street) (city) (state) (zip code)

Birth Date _____

MEDICAL INFORMATION:

Please note any specific medical problems, including allergies:

Please note any current or continuing medication:

In case we cannot reach you in an emergency, contact:

Relationship to youth: _____ Phone _____

Insurance Company name: _____ Policy # _____

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Parent or Guardian Statement: I, the undersigned, hereby give permission for my son/daughter to attend and participate in the **Anaconda Catholic Community Religious Education Program**, and if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the **Anaconda Catholic Community**, and the **Diocese of Helena**, chaperones, or representatives associated with the **Anaconda Catholic Community Religious Education Program** of the responsibility in the event of injury. Further, I agree to accept any and all financial responsibilities as a result of scheduling such treatment. My child agrees to abide by all rules and regulations attached to this program. I understand the **Diocese of Helena** will not be held liable if my child fails to cooperate with said regulations.

Parent/Guardian (please print name)

Parent/Guardian (signature) _____	Date _____	Kindergarten
Parent/Guardian (signature) _____	Date _____	First Grade
Parent/Guardian (signature) _____	Date _____	Second Grade
Parent/Guardian (signature) _____	Date _____	Third Grade
Parent/Guardian (signature) _____	Date _____	Fourth Grade
Parent/Guardian (signature) _____	Date _____	Fifth Grade
Parent/Guardian (signature) _____	Date _____	Sixth Grade
Parent/Guardian (signature) _____	Date _____	Seventh Grade
Parent/Guardian (signature) _____	Date _____	Eighth Grade
Parent/Guardian (signature) _____	Date _____	Ninth Grade
Parent/Guardian (signature) _____	Date _____	Tenth Grade
Parent/Guardian (signature) _____	Date _____	Eleventh Grade
Parent/Guardian (signature) _____	Date _____	Twelfth Grade

Youth Statement: As a member of the Anaconda Catholic Community Religious Education Program, I understand and agree that the use and/or possession of alcohol and/or drugs and/or weapons is not acceptable behavior. If I should be found in possession of and/or using such substances or items, I also understand and agree that I will notify my parents or guardian at the time of discovery and that I will be sent home at my own and/or my parent's or guardian's expense.

Student Signature

Date

TUITION SCHEDULE:

Please make checks payable to:
Anaconda Catholic Community – R.E.

1 youth ----- \$15.00
2 youths ----- \$30.00
3 youths ----- \$45.00

Those who help with the program will have tuition fees waived for their children.