

Sacred Heart Catholic Church Religious Education 2021-2022 Registration

Fr. Michael Cronin Administrator | Shelly Greving, Faith Formation Director
Classes held at: 203 Sue St. Manning, IA 51455
Office: (712) 655-2933 | Shelly's Cell: (641) 203-0581

Office Use Only

Date _____ Fee _____
Amount Pd. _____
Check # _____ Balance Due _____

Family Last Name: _____

Parent or Guardian Information

Father's Name: _____ Cell Phone: _____

Father's Workplace: _____ Work Phone: _____

Email Address: _____

Home Address: _____

City, State, Zip: _____ Home Phone: _____

Home contact information is the same for the whole family.

Mother's Name: _____ Cell Phone: _____

Mother's Workplace: _____ Work Phone: _____

Email Address: _____

Home Address: _____

City, State, Zip: _____ Home Phone: _____

Student Information

Name (First M. Last)	Birth Date	Grade in Fall	Gender
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Child #1 _____

Sacraments Received Baptism Eucharist Confirmation New to Religious Ed.

Allergies: _____ **Physical/Learning Challenges:** _____

Name (First M. Last)	Birth Date	Grade in Fall	Gender
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Child #2 _____

Sacraments Received Baptism Eucharist Confirmation New to Religious Ed.

Allergies: _____ **Physical/Learning Challenges:** _____

Name (First M. Last)	Birth Date	Grade in Fall	Gender
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Child #3 _____

Sacraments Received Baptism Eucharist Confirmation New to Religious Ed.

Allergies: _____ **Physical/Learning Challenges:** _____

Name (First M. Last)	Birth Date	Grade in Fall	Gender
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Child #4 _____

Sacraments Received Baptism Eucharist Confirmation New to Religious Ed.

Allergies: _____ **Physical/Learning Challenges:** _____

Please choose a registration option and remit payment to: Sacred Heart Church - Manning.

- 1.) Complete the online form
- 2.) Fill out the front and back of this form and return to Shelly Greving
- 4.) Mail payment Shelly Greving or to Sacred Heart Church - Manning, 916 2nd Ave. South Denison, IA 51442

Fees

1 child	\$25
2 children	\$50
3 children	\$75
Family Max	\$75

Please make checks payable to:
Sacred Heart Church Manning

Communication Preference

(Select all that you check regularly)

- Phone Call Text
 Email Facebook
 Mail Other _____
- I give permission to send text messages regarding Religious Education classes and programs to my cell phone.
- I have Facebook and use it to communicate.
- I am a member of the 'Catholic Wolves Fellowship & News' Facebook page.

Volunteer Support

(It takes many volunteers to make a successful religious education program. Please share your interest in helping out.)

- Family Support
 Office help
 Sunday Children's Liturgy
 Plan, Prepare, Serve Meals
 Special Events
 Christmas Program

BEHAVIOR EXPECTATIONS OF STUDENTS

To be read and signed by student(s)

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the classroom and activities a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Signature of Child #1

Signature of Child #2

Date

Signature of Child #3

Signature of Child #4

Signature of Child #5

To be read and signed by parent or guardian.

I understand that my child must be healthy and reasonably fit in order to safely participate in Sacred Heart religious education class and activities and that I will inform the Faith Formation Director of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

Signature of Parent or Guardian

Date

MEDICAL EMERGENCY PARENTAL PERMISSION*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to Sacred Heart Catholic Church staff or volunteers to provide routine first aid and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes.

I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the Sacred Heart Catholic Church staff or volunteers to secure and administer treatment for my child, including hospitalization.

(*If you cannot sign this section of the form for any reason, contact the Faith Formation Director or Priest regarding a legal waiver in order to attend and participate.) _____ (Initial) _____ (Date)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Emergency Contact. List the name of a friend or relative we can contact if we are unable to reach you in an emergency.

Name: _____ Cell Phone: _____

Relationship _____ Work Phone: _____

PUBLICITY/IMAGE/VOICE PERMISSION

Sacred Heart Catholic Church may take photographs, video, and/or tape recordings of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Sacred Heart Catholic Church to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to Sacred Heart using you or your child's image or voice in this manner, please notify the adult leader. _____ (Initial) _____ (Date)

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

(Please read carefully.) I give permission for my child(ren) to participate in the Sacred Heart Catholic Church Religious Education Program. I understand that Sacred Heart classes/activities/events may involve certain risks of physical activity and possible injury and that Sacred Heart Catholic Church will provide each participant with reasonable care, but that Sacred Heart cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in the Sacred Heart Catholic Church Religious Education Program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the Sioux City Diocese, St. Rose of Lima, Sacred Heart Catholic Church and their employees and volunteers (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the religious education program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Signature of Parent or Guardian

Date