

The Church of Saint Luke
818 Main Street, Stroudsburg PA 18360
Church Office (570)421-9097 religiouseducation@churchofsaintluke.org

**Religious Education and Youth Activities Registration
New Student**

Student Information

Grade _____

Last Name: _____ First Name: _____

Phone#: _____ Gender: _____ Birth date: _____

Place of Birth: _____ Mother's Maiden Name: _____

Home Address: _____

Session the Child will be Attending (check one of two):

_____ Sunday Morning 9:15 am -10:15 am

_____ No Religious Education classes will be attended this year by student because he/she attends Catholic School. However, this form shall register the student for Youth Activities.

Parent/Guardian Information

1. Parent/Guardian Name: _____

Relationship to Student: _____

Email Address: _____

Phone: _____ Cell Phone# _____

Address: _____

Religion: _____ Marital Status: _____

2. Parent/Guardian Name: _____

Relationship to Student: _____

Email Address: _____

Phone: _____ Cell Phone# _____

Address: _____

Religion: _____ Marital Status: _____

Emergency Contact Information

The following contacts shall be contacted only if the parents/guardians cannot be reached.

Emergency Contact Name: _____

Relationship to Student: _____ Phone#: _____

Emergency Contact Name: _____

Relationship to Student: _____ Phone#: _____

Medical Information

I hereby warrant that to the best of my knowledge, my child is in good health and up to date on medical care, including immunizations. I assume all responsibility for the health of my child. I also grant permission for basic first-aid to be rendered to my child, if necessary.

The Parish should be aware of the following medical conditions of my child:

Prescribed Medications:

Allergies: _____

Pediatrician _____ Phone#: _____

Health Insurance Carrier: _____

Group #: _____ I.D.#: _____

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 at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact my alternate emergency contact. In the event that decisions must be made or are made for my child, I hereby grant full authority to the volunteers and employees of The Church of Saint Luke to take whatever actions that may be considered, in their sole discretion, to be warranted under the circumstances concerning my child's health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith.

(Parent/Guardian Signature)

(Date)

Sacramental Information*

Previous Religious Education to Grade: _____

Has child been Baptized (circle one): Yes No

If Yes, place and date of Baptism: _____

Has child received Reconciliation (circle one) Yes No

If Yes, place and date of Reconciliation: _____

Has child received Communion (circle one): Yes No

If Yes, place and date of Communion: _____

Has the child been Confirmed (circle one) Yes No

If Yes, place and date of Confirmation: _____

***PLEASE NOTE:** If your student is receiving First Communion or Confirmation and has received any sacrament(s) at a church other than the Church of Saint Luke, please provide a copy of his/her sacrament certificate to the religious education office at the start of the school year.

Permission for Multimedia Usage

By signing this permission form I hereby consent to the use of any videotapes, photographs, slides, audio tapes, photo displays, internet promotions, or any other audio or visual reproduction in which my child may appear by The Church of Saint Luke and the Diocese of Scranton. I understand that these materials may be used for promotional purposes including recruitment and fund-raising efforts or general publication.

I AGREE that the photograph/image shall be free for use and I, on behalf of myself and my family, hereby release and hold harmless The Church of Saint Luke and the Diocese of Scranton, its employees, volunteers and agents for any liability connected with the use of said photographer image.

Parent/Guardian Signature

Date

I DO NOT consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which my child may appear by The Church of Saint Luke and the Diocese of Scranton.

Parent/GuardianSignature

Date

General Release

The undersigned assumes all risks of the Student's participation. With full knowledge of the risks, the undersigned, on behalf of myself and on behalf of my family, heirs, successors and assigns, agree to release and to hold harmless and defend The Church of Saint Luke, the Diocese of Scranton, Bishop Bambera, and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the trip, program or activity(all of whom are collectively referred to as the Diocese) from claims from or related to Student's participation in or in connection with any illness or injury (including death) or cost of medical treatment in connection there with, and I agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the gross negligence of the Diocese.

I, the undersigned parent/guardian of the above-named student acknowledge and confirm that I have completed this form to the best of my ability with the most accurate information and that I will inform the Church Office if there is any change in any of the information on this form. I further acknowledge that I have received a copy of the Religious Education and Youth Activities Information Handbook. I agree to review the policies in the Handbook with my child. I agree to the above General Release which contains legal waivers of my rights.

(Parent/Guardian Signature)

(Date)

This form may be shared with leaders of Youth Ministry and Religious Education and office personnel who may be involved in working with your child. The undersigned hereby releases The Church of Saint Luke and the Diocese of Scranton, all employees and volunteers, from any legal responsibility or liability in connection with the release of the information herein and by signing this form, you waive

all rights with respect to the uses and disclosures of what may otherwise be considered protected health information or protected educational information or protected disability information under statutes which may include but are not limited to: the Health Insurance Portability and Accountability Act of 1996, as amended (otherwise known by the acronym "HIPAA"), the Americans with Disabilities Act (ADA), Family Educational Rights and Privacy Act (FERPA), etcetera. The Church of Saint Luke and the Diocese of Scranton is authorized to make photocopies of this document as frequently and in such quantity as they shall deem appropriate. All photocopies shall have the same force and effect as any original.

(Parent/Guardian Signature)

(Date)

Office Use Only

Class Assignment _____

Amount owed _____ Amount paid _____ Date paid _____

Method of payment: cash check #

Baptism Certificate: on file needed provided

Reconciliation Certificate: on file needed provided

Communion Certificate: on file needed provided

Confirmation Certificate: on file needed provided

