



**Religious Education Registration Form**

605 S. Alta Vista St.  
Beeville, Tx. 78102

Phone: 361-358-4825 ♦♦ Email drestjamesbeeville@yahoo.com

Classes start: September 10, 2023 \*\*\*Mass attendance is mandatory.

<b>Office Use Only:</b>
Check #
Amt Paid:
Cash:
Date:
Rec'd By:

**Complete & return this form, a copy of the child's baptismal certificate and tuition payment to the Parish office**  
Attn: Anna Castillo DRE  
**Checks are made payable to: St. James Catholic Church**

**TUITION & FEES: 1st Child \$20.00, 2nd Child \$15.00, any additional Child \$10.00 each.**

**1. FAMILY INFORMATION** \*\*New families are asked to submit a copy of each child's Baptism certificate along with this form.

Child/ren's Last Name:	
Primary Mailing Address:	
City, State, Zip:	
Mother's Name:	Religion:
Father's Name:	Primary Phone#:
E-mail Address:	Alternate Phone#:

**2. STUDENT INFORMATION** If more than 3 children, please use an additional form

	Child # 1	Child # 2	Child # 3
First and Middle Name →			
Gender →	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: mm/dd/yy →			
Where did your child receive Religious Education in previous year			
Religious Ed. Grade Level for <b>2023-2024 school year</b>	<i>Please circle ONE:</i> K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12	<i>Please circle ONE:</i> K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12	<i>Please circle ONE:</i> K, 1, 2, 3, 4, 5, 6, 7, 8 9, 10, 11, 12
Session times and days: →	Sunday class> 8:30-10:00am Mass> 10:00-11:00am	Sunday class> 8:30-10:00am Mass> 10:00-11:00am	Sunday class> 8:30-10:00am Mass> 10:00-11:00am
Received Catholic Baptism? → If no, which denomination? →	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptism: Date →			
Baptism: Church Name →			
Baptism: City & State of church →			
Received First Eucharist? →	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received Confirmation? →	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. SPECIAL NEEDS (EDUCATIONAL) INFORMATION

Information listed below remains confidential and will only be used for purposes related to assisting the Catechist. If more space is needed, please attach a separate sheet to this form. It is recommended that parents of children that have special needs also be provided a one on one meeting with the parish catechetical leader to discuss learning needs.

Name of Child # 1:

--	--

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, IEP, etc.)

--	--

Name of Child # 2:

--	--

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

--	--

Name of Child # 3:

--	--

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

--	--

### 4. PICK-UP AUTHORIZATION

Please list below those who are authorized by you to pick-up your child from class:

1. Name:

Phone:

Relationship to child:

2. Name:

Phone:

Relationship to child:

### 5. VOLUNTEER OPPORTUNITIES—Anyone wishing to volunteer please feel free to contact Anna Castillo, DRE or any CCE Teacher.

The success of our parish religious education program and sacramental preparation rests on the support and participation of all parishioners. We are all asked to give of our Time, Talent, and Treasure. Listed below are some areas in which volunteer opportunities are available. Check all those that are of interest to you. Thank you!

Volunteer Name:		Volunteer Name:	
Service	Response	Service	Response
Catechist	<input type="checkbox"/> Yes, in Levels:	Catechist	<input type="checkbox"/> Yes, in Levels:
Teacher Aide	<input type="checkbox"/> Yes, in Levels*:	Teacher Aide	<input type="checkbox"/> Yes, in Levels*:
Substitute	<input type="checkbox"/> Yes, in Levels*:	Substitute	<input type="checkbox"/> Yes, in Levels*:
Room Parent/Hospitality/ Hall Monitor	<input type="checkbox"/> Yes, in Levels*:	RoomParent/Hospitality/ Hall Monitor	<input type="checkbox"/> Yes, in Levels*:
Circle of Grace Class	<input type="checkbox"/> Approval		<input type="checkbox"/> Decline
Media Waiver: Parents/Guardian Initials: _____	<input type="checkbox"/> Approval		<input type="checkbox"/> Decline



**Parent/Guardian Consent Form and  
Release, Indemnity, and Hold Harmless Agreement**

Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to  
Parent or guardian's name Child's name

participate in activities (ACTIVITY) at this Parish. St. James Catholic Church - Beeville  
Name of parish/school

on the following date(s) September 10, 2023 thru May 12, 2024  
(Parish is understood to include the Diocese of Corpus Christi "Diocese").

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I would like my CHILD to participate in the above-named ACTIVITY.

In exchange, and for said consideration, as parent or legal guardian, I agree to defend and fully indemnify the above-named PARISH/SCHOOL and Diocese against any claim which results from the intentional or negligent actions taken of my CHILD during the above-named ACTIVITY. I further agree to fully indemnify and hold harmless the PARISH/SCHOOL and Diocese against any claim or cause of action whatsoever brought by my CHILD or his/her parent/legal guardian against the PARISH/SCHOOL which arose out of the above identified ACTIVITY, regardless of whether such claim results from the negligence of the PARISH/SCHOOL, its employees or volunteers or the negligence of individuals or companies not a party to this agreement.

Further, for said consideration, we hereby release and discharge the Diocese, its agents, servants, and employees, including the PARISH/SCHOOL, their employee(s), agents and representatives (parties being released) of and from all claims, demands, causes of action, and expenses arising out of or in any way connected with the employee of the PARISH/School.

I certify that I understand this agreement and the risks and hazards associated with the ACTIVITY described above that my CHILD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the activity or this agreement that I may have had.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL CONSENT**  
**Please complete one per child/teen**

**Medical Matters**

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

**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.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medications:

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

**Administer:** \_\_\_\_\_

\_\_\_\_\_ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

\_\_\_\_\_ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

**Medical Conditions Information**

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has had an episode of the following or has been diagnosed:  Seizures  Asthma  Diabetic  
Allergic reactions to the following (foods, dyes, latex etc.) \_\_\_\_\_

Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No

Has a medically prescribed diet? \_\_\_\_\_

The following physical limitations? \_\_\_\_\_

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization \_\_\_\_\_

You should also be aware of these special medical conditions of my child: \_\_\_\_\_

**Insurance Information**

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

\_\_\_\_\_ No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature (Participant 18 years of age or older must signown consent)**

\_\_\_\_\_  
**Date**