

ST. PAUL OF THE CROSS PARISH

1217 Prospect Avenue

Scranton, PA 18505-1797

Phone (570) 343-6420

Fax (570) 343-3664

Email: sacredhearts1217@gmail.com

2020-2021

Religious Education Registration Form

***** PLEASE PRINT NEATLY AND CLEARLY.**

Student Name _____

Grade (in Fall 2020) _____

School _____

Date of Birth / /

Date of Baptism _____

CIRCLE ONE: IN PERSON CLASS OR VIRTUAL CLASS

Church of Baptism _____

(For grade 1 or NEW registration, a copy of the Baptismal Certificate is required if their parish of Baptism was not St. Paul of the Cross parish or the former Sacred Hearts, St. John the Evangelist or St. Francis of Assisi).

Other Sacraments Received (if applicable): _____

Mother's Name: _____ Maiden Name: _____

Father's Name: _____

Primary Parent/ Guardian Responsible for Child in the Program: _____

Address _____

(*Write down name and address of person responsible for child participating in the program.)

*Please indicate whose cell or telephone number each belongs to if more than one name.

Cell: _____

Cell 2: _____

Other: _____

Valid email address: _____

Food/ Drink in Class: Do you give your permission for the child's catechist to give your child snacks/ candy and or drinks in class? _____

Medical Matters (All information in this form will be kept confidential)

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment

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

Please list any medical conditions that your child has that we should be aware of:

Allergies:

In case of emergency, and the above named parent or legal guardian cannot be contacted, please list the information for another person who can be contacted.

Name _____ Phone: _____

How are they related to child? _____

I, _____, grant permission for my child, _____, to participate in the St. Paul of the Cross Religious Education Program from September 13th, 2020 to September 12th, 2021 and all events associated with the parish religious education program. I remain legally responsible for any personal actions taken by the above named minor participant during this event.

I agree on behalf of myself, my child named herein, and our heirs to hold harmless and defend St. Paul of the Cross Parish in Scranton, PA, its officers, directors, agents, coordinators, priests, employees, volunteers and the Diocese of Scranton, and the Bishop of Scranton, or representatives associated with the parish from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the religious education program or in connection with any illness, disease, infection or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Paul of the Cross Parish in Scranton, PA, its officers, directors, agents, coordinators, priests, employees, volunteers and the Diocese of Scranton, and the Bishop of Scranton, or representatives associated with the religious education program for any reasonable attorney's fees and expenses arising therewith.

Parent/ Guardian Signature _____

Date / /

Anything below this line is for administrative purposes only.

Registration Fee: \$25

Cash _____

Check _____ (Check #) _____ Date Filed / /