

St. Luke Catholic Church
Religious Education/Keysis Registration Form

Date: _____

Head of Household: Last Name: _____ First Name: _____

Spouse (if applicable): Last Name: _____ First Name: _____

Mailing Address: _____ Home Phone#: _____

City: _____ State: _____ Zip: _____

Mother: Home Phone #: _____ Cell # _____

E-mail Address: _____ Work Phone# _____

Father: Home Phone #: _____ Cell # _____

E-mail Address: _____ Work Phone# _____

Emergency Contact Person (Other than a parent) during RE/Keysis time:

Name: _____ Contact Phone #: _____

Are you interested in helping with the RE or Keysis program? Circle: YES NO MAYBE

If your child/ren needs Baptism, contact Tricia As Soon As Possible so instruction & plans can begin!!

HS/KEYSIS: SUNDAY 6:15 PM. PREK – 8TH GRADE: WEDNESDAY 6:15 – 7:30 pm OR SUNDAY 9:30 – 10:45am

<u>Child's Full Legal Name:</u>	<u>Birth date:</u>	<u>Grade:</u>	<u>Day Desired:</u>	<u>Sacraments Received:</u>
1. _____	_____	_____	Sun. Wed.	Bapt. Rec. Comm. Con.
2. _____	_____	_____	Sun. Wed.	Bapt. Rec. Comm. Con.
3. _____	_____	_____	Sun. Wed.	Bapt. Rec. Comm. Con.
4. _____	_____	_____	Sun. Wed.	Bapt. Rec. Comm. Con.
5. _____	_____	_____	Sun. Wed.	Bapt. Rec. Comm. Con.

We NEED a copy of each child's Birth and Baptismal certificates for Sacramental records if they are: new to the St. Luke RE/Keysis program, in 2nd Grade, or in need of any of the sacraments.

Tax-Deductable Donation: 1st child: \$30, 2nd child: \$20.00, 3rd child: \$10.00, not to exceed \$60.00 per family.

Sacramental Preparation Fee of \$30.00: For children preparing for 1st Reconciliation and 1st Holy Communion.

Payment plans can be arranged and cost should NEVER be a deterrent for anyone from enrolling.

Provide below any helpful information about your child regarding: learning, behavioral or family issues or any other information helpful to teaching or better serving your family or child's(ren's) needs.

Contact Tricia or Doug if you have any questions regarding the RE/Keysis Program 254-773-1561.

Please fill out the Medical/Liability Release form on the back of this page.

Return registration and donation to the Parish office as soon as possible.

St. Luke Catholic Church

2807 Oakdale St.

Temple, Texas 76502

Religious Education Permission/Medical/Liability Release Form 2015/2016

I hear by consent to participation by my son/daughter listed below in the St. Luke Keysis High School Youth Ministry/ Religious Education program for the program year. I understand that the program will take place on the parish grounds or away at locations chosen by the Youth Ministry Coordinator/ RE Director. My son/daughter(s) will be under the supervision of the authorized parish personnel. I will not hold the Diocese of Austin, St. Luke Catholic Church personnel or volunteers liable in the event of accident or injury.

I grant for non-prescription medication and routine non-surgical medical care to be given to my child, if deemed advisable by the supervising parish personnel. In case of emergency, I grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I relieve the Diocese of Austin, St. Luke Catholic Church, its personnel and volunteers of all responsibility and consequence that may arise as a result of this treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital doctor.

Parent/Guardian Signature _____ Date _____

Student(s) Medical and Emergency Information

Please note specific medical issues and/or allergies:

1. Student Name: _____ Grade: _____
Medical issues and/or allergies: _____

2. Student Name: _____ Grade: _____
Medical issues and/or allergies: _____

3. Student Name: _____ Grade: _____
Medical issues and/or allergies: _____

4. Student Name: _____ Grade: _____
Medical issues and/or allergies: _____

5. Student Name: _____ Grade: _____
Medical issues and/or allergies: _____

Parent/Guardian Phone Numbers: _____

In case of an emergency if parent(s)/guardian(s) are not available notify:

Name: _____ Phone #: _____

Physician Name & Number: _____

Insurance Carrier/ Policy Number: _____

If participant does not have insurance, cash payment in full for the necessary medical treatment is the responsibility of the parent or legal guardian.