

St. Luke Catholic Church

Religious Education, Keysis, and Family Faith Formation Registration Form

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

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

Mailing Address: _____

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 #: _____

Religious Education will only be available on Sundays

PreK – 8TH grade: Sunday 9:30 am – 10:45 am AND HS/KEYSIS: Sunday 6:15 pm – 7:30 pm

Child's Full Legal Name:

Birth date:

Grade:

Sacraments Received:

1. _____ / / _____ Bapt. Rec. Comm. Conf.

2. _____ / / _____ Bapt. Rec. Comm. Conf.

3. _____ / / _____ Bapt. Rec. Comm. Conf.

4. _____ / / _____ Bapt. Rec. Comm. Conf.

5. _____ / / _____ Bapt. Rec. Comm. Conf.

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

For students that are new to the St. Luke RE/Keysis program or in need of any of the sacraments, a copy of each child's Birth and Baptismal certificates are needed for Sacramental records. If your child/children need(s) Baptism, contact the church office as soon as possible so preparation can begin!

Tax-Deductable Donation: For CCE and Keysis, 1st child: \$30, 2nd child: \$20.00, 3rd child: \$10.00, not to exceed \$60.00 per family. If you are just attending the Family Faith Formation class and do not have any children then the cost is 1st adult-\$30, 2nd adult-\$20. If you and your family will be attending CCE and/or Keysis, and Family Faith Formation classes, the costs will not exceed \$60 for the whole family.

Sacramental Preparation Fee: A separate fee of \$30 is required for children preparing for 1st Reconciliation and 1st Holy Communion. This fee is in addition to the above costs.

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

Please fill out the Medical/Liability Release form on the last page.

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

St. Luke Catholic Church
Medical Release Form

I hereby consent to my son(s)/daughter(s) listed below to participation in the St. Luke Keysis High School Youth Ministry and/or 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(s)/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: _____ (home/cell/work-circle one)
_____ (home/cell/work-circle one)

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.