

Our Lady of the Gulf Catholic Church

308 East 22nd Avenue P.O. Box 515 Gulf Shores, Alabama 36547-0515

Religious Education Registration Year 2011-2012

Returning Families need complete only highlighted fields – unless information has changed

1. LAST NAME: _____
Are you a registered parishioner? <input type="checkbox"/> YES <input type="checkbox"/> NO

Mother's Name: <small>(include maiden name)</small> _____	Are you Catholic? <input type="checkbox"/> YES <input type="checkbox"/> NO
Mother's Mailing Address: _____	Home Phone: _____
City, State, Zip: _____	Work Phone: _____
Email address: _____	Cell Phone: _____

Father's Name: _____	Are you Catholic? <input type="checkbox"/> YES <input type="checkbox"/> NO
Father's Mailing Address: _____	Home Phone: _____
City, State, Zip: _____	Work Phone: _____
Email address: _____	Cell Phone: _____

Guardian's Name: <small>(if applicable)</small> _____	Are you Catholic? <input type="checkbox"/> YES <input type="checkbox"/> NO
Guardian's Mailing Address: _____	Home Phone: _____
City, State, Zip: _____	Work Phone: _____
Email address: _____	Cell Phone: _____

2. STUDENT INFORMATION (1 st Child)	
Child Name: _____	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Date of Birth: _____
Name of School: _____	Grade: _____
Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State: _____	
First Communion? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State: _____	
Confirmation? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State: _____	
List any chronic health conditions, allergies, recent serious illness or injury:	
List any educational or behavioral needs (i.e., gifted, dyslexic, ADD, etc.)	

2. STUDENT INFORMATION (2nd Child)	
Child Name:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Date of Birth:
Name of School:	Grade:
Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State _____	
First Communion? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State: _____	
Confirmation? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State: _____	
List any chronic health conditions, allergies, recent serious illness or injury:	
List any educational or behavioral needs (i.e., gifted, dyslexic, ADD, etc.)	

2. STUDENT INFORMATION (3rd Child)	
Child Name:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Date of Birth:
Name of School:	Grade:
Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State _____	
First Communion? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State: _____	
Confirmation? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State: _____	
List any chronic health conditions, allergies, recent serious illness or injury:	
List any educational or behavioral needs (i.e., gifted, dyslexic, ADD, etc.)	

2. STUDENT INFORMATION (4th Child)	
Child Name:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Date of Birth:
Name of School:	Grade:
Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State _____	
First Communion? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State: _____	
Confirmation? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Church: _____ City, State: _____	
List any chronic health conditions, allergies, recent serious illness or injury:	
List any educational or behavioral needs (i.e., gifted, dyslexic, ADD, etc.)	

3. PARENT/GUARDIAN AGREEMENT

I understand that I, as parent or legal guardian of the children listed above, am required to read the Parent Handbook provided by the Religious Education program at Our Lady of the Gulf Catholic Church (Available online at www.ourladyofthegulfal.org). I understand and agree to abide by the guidelines, rules and regulations set forth in this handbook. I understand that my child(ren) need(s) to observe the basic rules of conduct, and adhere to the rules stated in the handbook. I understand that failure to comply with the family handbook could bring about disciplinary actions including, in extreme cases, dismissal of my child from the catechetical program.

I understand that I am responsible for sharing the rules, regulations and other important information in this handbook with my child(ren).

SIGNATURE _____ Relationship to child _____

4. PICK UP AUTHORIZATION

If your child(ren) is/are in the 4th grade or lower, it is mandatory that someone come into the classroom to pick up your child(ren). If a sibling will pick up your child, they must be in the 5th grade or higher. Please list all who have permission to pick up your child:

5. MEDICAL RELEASE

As a parent and/or guardian, I do herewith authorize the treatment of my child(ren) by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me first or the emergency contact person listed below.

Name of minor _____ Relationship _____

Name of minor _____ Relationship _____

Name of minor _____ Relationship _____

Name of minor _____ Relationship _____

IN THE EVENT A PARENT CANNOT BE REACHED PLEASE CONTACT:

(Someone OTHER than parents)

1st Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Other: _____

2nd Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Other: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence and only after all efforts have been made to reach me or the emergency contact person(s) listed.

Parent(s) or Guardian's Signature _____ Date _____

Parent(s) or Guardian's Signature _____ Date _____