



Corpus Christi Catholic Church

INNOVATIVE RE

(Religious Education)

REGISTRATION

Grades K - 5

Forms may be turned in to the office, in person or by mail with ATTN: Stacey

Innovative RE (Religious Education) teaches kids religious and spiritual lessons using relatable, fun projects and community outreach service. Meets Wednesday, 4:30 – 5:30 PM

Today's Date _____

1 Child: \$20
2 Children: \$30
3 or more: \$40

PLEASE TAKE THE TIME TO READ EACH SECTION CAREFULLY AND CHECK/SIGN THE PROPER PLACES.

FAMILY LAST NAME: _____ HOME PHONE: _____
ADDRESS: _____
ZIP: _____
FAMILY EMAIL ADDRESS: _____
Updates, monthly reminders/calendars, and permission forms will be sent via email.

FATHER'S NAME (Stepfather/Guardian/Etc.) at above address: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____
MOTHER'S NAME (Stepmother/Guardian/Etc.) at above address: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

EMERGENCY CONTACT NUMBER: (OTHER THAN PARENTS/GUARDIANS LISTED ABOVE)

NAME: _____
PHONE: _____ RELATIONSHIP TO YOUTH/FAMILY: _____

#1

YOUTH'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SCHOOL: _____
EMAIL ADDRESS: _____
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

#2

YOUTH'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SCHOOL: _____
EMAIL ADDRESS: _____
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

#3

YOUTH'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SCHOOL: _____
EMAIL ADDRESS: _____
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

OFFICE USE ONLY:

Date Turned In/Initials: _____

Entered in DATABASE: _____ Date Entered/Initials - Shelby: _____

Parish Where Registered: _____

By signing up for this program, we acknowledge that there are events that will go off campus.

My son / daughter _____ has my permission to attend all activities provided for **Innovative RE/Youth Groups/Confirmation**. I understand that Corpus Christi, the employees and volunteers of Corpus Christi Catholic Church, and the Diocese of Tucson are not responsible in case of injury. I also give permission for the pastor, associate pastor, youth minister, or adult volunteer leaders to issue emergency medical assistance should that be required. If my child should be rendered to a hospital or emergency facility, I give permission for my child to receive medical treatment. I will retain responsibility for expenses incurred at that time. I also understand that if it is decided to dismiss my child during any event, I am responsible to come and pick up him/her immediately.

PARENT SIGNATURE

DATE

PHOTO RELEASE

Please sign Diocesan and Parish Photo Release Waiver separately

MEDICAL INFORMATION

Corpus Christi Church volunteers/staff have my permission to administer over-the-counter medications such as Tylenol, Neosporin, Tums, etc., when requested by the student. List any medical/food allergies your child(ren) may have.

PARENT SIGNATURE

DATE

Corpus Christi Catholic Church

MEDIA WAIVER/RELEASE

I, _____, grant to _____ [Name of Parish] _____ and to the Roman Catholic Church (of the) Diocese of Tucson the right to use the image of my child named below (photographs and/or videos and recordings) in all media publications including the following: videos, emails, written brochures, newsletters, magazines, general publications, television broadcasts, radio broadcasts, films, websites and social media sites.

I hereby waive any right to inspect or approve the finished photographs, videos, recordings or electronic publications that may be used in conjunction with my child as shown in photographs, videos, audios or electronic publications now or in the future, whether any such uses are known to me or unknown; and I hereby waive any right to royalties or other compensation arising from or related to the use of my child's persona or image in any media or other uses as set forth above.

I am the parent or legal guardian of the child named below. I am 18 years of age or older and am competent to contract in my own name and for the benefit of the child named below. I have read this Media Waiver/Release before signing below, and I fully understand its contents and its meaning. I understand that I am free to address any specific questions that I may have in this regard prior to signing this Waiver/Release. I agree that my failure to raise any specific questions regarding this Waiver/Release will be interpreted as a free and knowledgeable acceptance of the terms of this Waiver/Release.

Signature: _____ Date: _____

Name: _____
(Please Print)

Child's Name: _____
(Please Print)