

St. Margaret Mary Church Religious Education 2016-2017 Registration Form

1219 Excelsior Ave., Oakland, CA 94610 Tel 510.482.0596 Fax 510.482.2093 E-mail: parishoffice@stmargaretm.org

*** Please fill out one form for each FAMILY* PRINT CLEARLY**

Parent / Guardian Information

Registered Parishioner YES / NO

FAMILY NAME (Last):	Mother's First Name: Maiden Name:
Religion:	Father's First Name:
PARENT PHONE#:	PARENT E-MAIL:

1st Child's NAME: _____ DATE OF BIRTH: _____

Baptism: Yes / No First Confession: Yes / No First Communion: Yes / No Confirmation: Yes / No CLASS CHOICE: **A B C D E F G**

2nd Child's NAME: _____ DATE OF BIRTH: _____

Baptism: Yes / No First Confession: Yes / No First Communion: Yes / No Confirmation: Yes / No CLASS CHOICE: **A B C D E F G**

3rd Child's NAME: _____ DATE OF BIRTH: _____

Baptism: Yes / No First Confession: Yes / No First Communion: Yes / No Confirmation: Yes / No CLASS CHOICE: **A B C D E F G**

4th Child's NAME: _____ DATE OF BIRTH: _____

Baptism: Yes / No First Confession: Yes / No First Communion: Yes / No Confirmation: Yes / No CLASS CHOICE: **A B C D E F G**

5th Child's NAME: _____ DATE OF BIRTH: _____

Baptism: Yes / No First Confession: Yes / No First Communion: Yes / No Confirmation: Yes / No CLASS CHOICE: **A B C D E F G**

Special Needs / Requests:

Registration Fee (Parishioner): \$10 Family Sacramental Fee: \$50 student Sacramental Retreat Fee: TBD
Payable to: St. Margaret Mary Church Memo: CCD – R Parishioners in need may apply for a Waiver of Fees

Non-Parishioner Registration Fee: \$25 Family Sacramental Fee: \$100 student Sacramental Retreat Fee: TBD
Payable to: St. Margaret Mary Church Memo: CCD - RNP

No Previous Religious Education Previous Religious Education was at: _____ Year: _____

Class Choices

A <input type="checkbox"/> Pre-1 st Communion (Grade 1)	B <input type="checkbox"/> First Holy Communion (Grade 2)	<input type="checkbox"/> BAPTISM CERTIFICATE PROVIDED
C <input type="checkbox"/> Post – 1 st Communion (Grades 3 & 4)	D <input type="checkbox"/> Grades 5 & 6	
E <input type="checkbox"/> Confirmation Year I <input type="checkbox"/> BAPTISM & 1 st COMMUNION CERTIFICATE PROVIDED		
F <input type="checkbox"/> Confirmation Year II <input type="checkbox"/> BAPTISM & 1 st COMMUNION CERTIFICATE PROVIDED <input type="checkbox"/> Completed Confirmation Year I		
G <input type="checkbox"/> Teen Youth Group (Post Confirmation) <input type="checkbox"/> Activity & Conduct Form Completed		

Volunteer Program

I am willing to assist in the following area(s):

- TEACHER
 SUBSTITUTE
 CLASSROOM ASSISTANT
 HALL/CLASSROOM SET-UP
 CLEAN UP
 PRAYER LISTENER
 DONATE SUPPLIES (COPIES/PAPER/INK)
 HOSPITALITY/RECEPTION

Does this child (check name) have any medical condition(s) that we should be aware of (allergies, medications, etc?) If so please explain.

Permission granted to photograph/video and release images. (Please circle one) YES NO

REGISTERED PARISHIONER OF ST. MARGARET MARY CHURCH (circle one): YES NO

Dismissal & Emergency Contact Information (To serve your child in case of ACCIDENT OR SUDDEN ILLNESS) PLEASE COMPLETE ALL PARENT INFORMATION

DISMISSAL INFORMATION: Name of person who may pick up this child(ren) other than yourself

Medical Authorization

St. Margaret Mary Catholic Church, 1219 Excelsior Avenue, Oakland, CA, 94610

I, _____, being the parent/legal guardian and having legal custody of _____, a minor, do hereby consent to said child participating in activities and related trips of St. Margaret Mary Church of Oakland. I do hereby release, discharge and exonerate St. Margaret Mary Church of Oakland, and all persons acting as teachers or sponsors on said activities and trips from any liability whatsoever resulting from personal injury to said minor or damage to property of said minor which may occur at said activities or trips or connection therewith. I do hereby certify that I assume full responsibility and liability for any acts committed by said minor during activities, and trips related thereto resulting in injury or damage to the property of another. I do hereby acknowledge that I understand that this release is being relied upon by St. Margaret Mary Church of Oakland, CA, and teachers or sponsors accompanying the children on said trips and activities; and without this instrument being executed by me, said minor would not be permitted to attend field trips nor engage in activities related thereto. I, do hereby authorize the officials of St. Margaret Mary Church to contact directly the person named in this authorization, and do authorize

_____ or _____ (Physician) (Hospital) to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named in the authorization or parents cannot be contacted, the church officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold St. Margaret Mary Church financially responsible for the emergency care and/or transportation for said child. Parent/Guardian Signature:

Date: _____

For Office Use Only

Registration Date: _____ Sacramental Fee: _____ Volunteer Discount: _____ Paid Total: _____ Check #: _____

- Sacramental Class Baptism Cert. Provided 1st Communion Cert. Provided First Holy Communion Student
 Confirmation Student (year #2) Parishioner Non-Parishioner