



Saint John Faithways

Office of Religious Education

1001 Encinitas Boulevard, Encinitas, CA 92024-2828

760 436-0664

2016-2017 ---- JR. HIGH REGISTRATION INFORMATION

Jr. High Faithways will meet primarily on Monday evenings from 6:30pm to 7:45pm in the Parish Hall.

Mother/Guardian _____ Father/Guardian _____
Last First Last First

Mother's Religion _____ Father's Religion _____

Street Address _____
Number Street City Zip

Home Phone: () _____ Mom's Cell: () _____

Dad's Cell _____ Parent Email: _____

If parent cannot be reached, in case of emergency please contact:

Name _____ Relationship: _____ Phone: () _____

***Do children have any medical or learning problems of which we should be aware? YES / NO**

If yes, please explain _____

****Children primarily reside with:** _____ Both Parents _____ Mother _____ Father _____ Other

****Any special family circumstances of which we should be aware?** _____

COMPLETE ONE SECTION FOR EACH PARTICIPANT:

1. Name _____ New Student? Yes () No () Sex _____

Date of Birth _____ / _____ / _____ Rel. Ed. Grade _____ School Grade _____

School Attending _____

*Check Sacraments Received: ___ Baptism(Catholic-Other) ___ 1st Reconciliation ___ 1st Eucharist
CIRCLE ONE

2. Name _____ New Student? Yes () No () Sex _____

Date of Birth _____ / _____ / _____ Rel. Ed. Grade _____ School Grade _____

School Attending _____

*Check Sacraments Received: ___ Baptism(Catholic-Other) ___ 1st Reconciliation ___ 1st Eucharist
CIRCLE ONE

REGISTRATION FEES

First Child \$135.00
Second Child \$110.00
Third Child \$85.00

Amount Paid \$ _____ Date Paid _____
Check _____ Cash _____
Balance Due \$ _____

(PLEASE COMPLETE THE OTHER SIDE)

**SAINT JOHN OFFICE OF RELIGIOUS EDUCATION
FAITHWAYS JUNIOR HIGH PROGRAM**

I, _____, the undersigned parent/guardian of
_____, do hereby give permission for my
child/children to attend the Faithways Junior High program held at Saint John Catholic
Church in Encinitas, CA.

I also give **permission for photographs** to be taken of my child/children during program
activities. These photos may be printed in the church bulletin, displayed on church
property, posted on the parish website or be submitted to the Diocese newspaper.

Please check one: **Yes** **No**

APPROVAL OF EMERGENCY PROCEDURES

When the person in charge decides a minor child needs emergency medical treatment,
he/she will make a reasonable effort to contact me. I give this authorization in advance
so if I cannot be reached, he/she will have the authorization and power to give approval
for necessary medical attention recommended by a licensed physician or surgeon.
Neither agents nor organizations will assume a financial responsibility for this action.

In emergency situations where I cannot be contacted, I hereby authorize the persons in
charge to follow the procedures listed below, which is pursuant to Section 25.18 of the
Civil Code of California.

1. **Time and situation permitting, to make a reasonable attempt to contact
our named agents:** _____
2. When agents cannot be contacted, the person in charge is to act on our behalf;
3. Time and situation permitting, to contact the following doctor, hospital, and/or
ambulance service:

FAMILY PHYSICIAN: _____ **PHONE** _____

4. To be our agent to give consent for any x-ray, examination, anesthetic, medical
or surgical diagnosis or treatment and hospital care which is recommended by
any licensed physician or surgeon.

RELEASE FROM LIABILITY

I understand and agree that by signing this form, I am freeing Saint John Catholic Church
and the Saint John Office of Religious Education and Faithways Junior High Program, its
officers, or other agents from any liability resulting from my child's/children's
participation in their sponsored activities. I certify that I have personally read and
understand this waiver and release.

SIGNATURE OF PARENT/GUARDIAN

DATE

***PLEASE NOTE:**

***REGISTRATION WILL NOT BE ACCEPTED UNTIL ALL
INFORMATION ON THIS FORM IS PROVIDED. THANK YOU.***