

STUDENT REGISTRATION FOR 2026-2027

Registration Date: _____

CHURCH # _____

FAMILY LAST NAME: _____

Primary Email: _____

Secondary Email: _____

Family Last Name: _____

Child's First and Last Name: _____

Child's First and Last Name: _____

Child's First and Last Name: _____

Child's First and Last Name: _____

Primary Address: _____

City: _____ State _____ Zip _____

MOTHER (Or female guardian): Guardians must Legal Guardian Papers.

Volunteer? _____

First Name _____ Last Name _____

Maiden Name _____ Religion _____

Marital status _____

Cell:() _____

FATHER (or male guardian):

Volunteer? _____

First Name _____ Last Name _____

Marital status _____ Religion _____

Cell:() _____

| Student Information | Child 1 | Child 2 | Child 3 | Child 4 |
|---|--|--|--|--|
| First Name | | | | |
| Date of Birth/ Gender | | | | |
| Grade they will be in for the 2026-2027 | | | | |
| Allergies: | | | | |
| Custody/lives with | | | | |
| Name of Day School | | | | |
| Sacraments: Please check (X) those your child has already received. | <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation | <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation | <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation | <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation |

2026-2027 Medical Release and Emergency Authorization

Family Name _____

Parent or Guardian Authorization:

In case of serious injury or illness and a parent/guardian or emergency contact cannot be reached, I authorize St. Damian Parish to take such necessary emergency actions as deemed necessary, including treatment by Certified Emergency Personnel and transport of my child to a hospital or medical center. I/we agree to hold St. Damian Catholic Church harmless for any actions performed by their staff in assisting my child during a medical emergency.

Alternate Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

Please list any allergies/medical problems, behavioral and learning issues, including those requiring medications. (Diabetic, Asthma, ADHD, ASD, Dyslexia, Seizure Disorder, Allergies, etc.) Please include a copy of your child's current IEP/504 if applicable.

Parent/Guardian Signature _____ **Date** _____

Child 1 Name: _____

Medical diagnosis: _____

Medications: _____, _____, _____

Child 2 Name: _____

Medical diagnosis: _____

Medications: _____, _____, _____

Child 3 Name: _____

Medical diagnosis: _____

Medications: _____, _____, _____

Child 4 Name: _____

Medical diagnosis: _____

Medications: _____, _____, _____

STUDENT CONDUCT

Students are expected to focus their attention and energy during their Religious Education classes, activities, prayer and projects.

We ask all students to:

- Attend Mass on a regular basis with my family.
- Arrive on time and prepared for class.
- Follow arrival and dismissal procedures given by the catechist.
- Show respect for themselves, catechists, other students, and program personnel.
- Use language and actions expressive of Christian behavior.
- Practice safety rules always in class and on the property of St. Damian.
- Participate in all sessions and activities to the best of their ability.
- Complete homework as assigned.
- NOT bring any gadgets (cell phones, ear pods, fidgets, toys, etc.), food, drink or gum.
- Not take any screenshots or recordings of others or share such information.
- Not bring any illegal or dangerous items or substances to class that could cause harm to themselves or someone else.
- Dress appropriately: No slippers, flip flops, pajama pants, hats or tank tops allowed.

In the event of inappropriate conduct, the catechist will speak with the student. If misconduct continues, the RE Coordinator will contact the student's parents or guardian. Serious misconduct may result in modified instruction or removal from the program.

I have read and understand the above statements of conduct. I will abide by these rules and cooperate with them for my own benefit and the welfare of others.

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PICKUP AUTHORIZATION

Please fill out the form below relating to those persons who have your permission to pick up your child(ren) from Religious Education. Please give additional information necessary in the appropriate space.

If, due to unforeseen circumstances or an emergency, it is necessary for someone else to pick up your child, inform your child's catechist to avoid confusion. Please be aware that the pickup person may be asked for photo identification before we release your child(ren).

If there are any custody issues, please provide legal documents regarding who can pick up your child(ren).

Sincerely, St. Damian Religious Education

The following people are authorized to pick up my child, and I authorize the release of my child to their care.

Family Name _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Pickup Persons

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Parent/Guardian Signature: _____

Phone: _____

PARENT AUTHORIZATIONS

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please check the following questions and sign the bottom of the form.

During the year your child may participate in activities that may require photos or videos to be taken. This is your permission that your child's image can appear as part of St. Damian's RE program.

_____ Yes, _____ No

I have read the Religious Education Handbook and agree to follow all policies that are required to be a part of St. Damian's RE program.

_____ Yes, _____ No

Parent's Signature: _____

Date: _____

2026-2027 Sacramental Permissions for Levels 2 and 8 only

By registering my child for Religious Education and Sacrament classes:

- *I understand the importance of participating in my child's Catholic faith; that means **teaching him/her how to pray, how to worship, and how to serve others.***
- *I understand that it is my responsibility to help my child attend Mass weekly.*
- *I understand that my child must attend class regularly and be on time for class.*
- *I understand that more than 3 absences in a year may affect Sacraments.*
- *I will attend Sacramental parent meetings, events, etc.*

Please Complete if Preparing for First Communion or Confirmation

Last First Middle

City of Birth State Date of Birth Age

Church of Baptism City State Date of Baptism

Church of First Communion City State Date

Fathers FULL name _____

Mother's FULL name (Include Maiden Name)
_____ (_____)

Parent/Guardian Signature: _____

