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2021-2022 CRE Registration

K-8th grade

St. James & St. John Before the Latin Gate

Bartlesville

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| **Student Information** | | | |  | **Self-Safety** |
| Last Name | First Name | Grade | Allergies, Handicaps or other Special Needs | Birthday | My child may participate in the Self Safety Program  *(See attached information form)* |
|  |  |  |  |  | Yes No |
|  |  |  |  |  | Yes No |
|  |  |  |  |  | Yes No |
|  |  |  |  |  | Yes No |

\*Which church are you affiliated with? St. James  St. John? 

\*May we use photographs of your child/ren for Publicity Purposes to represent the Bartlesville CRE Program? Yes No

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| **Parent Information** | |
| Parent / Guardian Name(s) |  |
| Street Address |  |
| City / ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail for CRE Communications  *(Please print clearly)* |  |
| Preferred method of communication | Email Text Phone |
| Primary Language in household | Spanish English Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Emergency Contact Information** |
| Please list an emergency contact in the event we are not able to reach parent/guardian. |
| Name: Relationship: Phone: |

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| **Parent/Guardian Release of Liability** |
| I/We the undersigned parent(s) or legal guardian(s) of (Please list each child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby authorize any x-ray examination, anesthetic, dental medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor under the general, specific or special request of the St. James & St. John CRE Staff or Volunteers. This consent will remain effective from August 1, 2021 through August 31, 2022. I understand that every precaution will be taken to ensure my daughter/son/ward’s safety. Should an accident occur, I will not hold the St. James or St. John Catholic Church or the Diocese of Tulsa or its paid staff or volunteer staff responsible. Further, I understand that attempts will be made to immediately contact me should an accident occur. If the parish is unable to contact me, I understand that an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian.  Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |