St. Clare Parish
Registration for Religious Education
School Year:_____

Registration for: ——Toddler Care ——Preschool ——Elementary

Youth Name:_____ Sex: □ M □ F

Grade:_____ School:_____ Age:_____

Address:_____
Street City Zip

Home Phone:_____ Work Phone:_____ E-mail:_____

Date of Birth:_____ Place of Birth:_____

Date of Baptism:_____ Baptized Catholic □ Y □ N

Church of Baptism:_____ City_____ State_____

Sacraments celebrated: □ Eucharist □ Reconciliation

With whom is child/youth living: □ Both □ Mother □ Father □ Grandparents □ Guardian

Father's Name:_____ Religion_____

Mother's Name:_____ Religion_____

Mother's Maiden Name:_____

Have you had a criminal background check for the Archdiocese? ☐Y ☐N Date_____
Where:_____

Student/Youth/Young Adult Emergency Information and Procedure

Doctor's Name:_____ Phone:_____

Medical Insurance Name & Policy #:_____

Emergency Contact Name:_____ Phone:_____

Allergies/special circumstances regarding me/my child:_____

_____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

_____ _____
Signature (parent/guardian) Date