



# ST. EDWARD ROMAN CATHOLIC CHURCH

Rev. Fr. Pasala Hruday Kumar  
209 N. Guadalupe Street  
Carlsbad, NM 88220

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workingforjesus@saint-edward.net

## RELIGIOUS EDUCATION REGISTRATION

**REGISTRATION FEE: \$20.00 per student, for three or more \$50.00 per family**  
**Classes begin Sunday, September 10<sup>th</sup>. Start time is 8:15AM for all grades.**

Date of Registration \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade going into: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Sacramental Records

Baptized: \_\_\_\_\_ (Yes/No) Date: \_\_\_\_\_ Place: \_\_\_\_\_

*OFFICE USE ONLY: Certificate on File: \_\_\_\_\_* **If no or blank**, please bring Baptismal certificate as soon as possible.

Sacrament of First Reconciliation: \_\_\_\_\_ (Yes/No) Date: \_\_\_\_\_ Place: \_\_\_\_\_

Sacrament of First Communion: \_\_\_\_\_ (Yes/No) Date: \_\_\_\_\_ Place: \_\_\_\_\_

### **Additional Information on the other side.**

### OFFICE USE ONLY

Registered by: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Catechist assigned: \_\_\_\_\_ Day/time: \_\_\_\_\_

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

Room Assigned:

Mother Mary

St. Anthony

St. Joseph

St. Mother Theresa

Youth Center

Convent

Other: \_\_\_\_\_

Notes:

**Emergency Contact:** In case of emergency and parent/guardian cannot be reached, contact:

\_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**List all allergies** your child has: \_\_\_\_\_

\_\_\_\_\_

**List all conditions** (such as allergies, seizures, asthma, diabetes) for which your child requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

\_\_\_\_\_

**List any physical restriction or restriction for any activity** on the basis of medical condition: \_\_\_\_\_

\_\_\_\_\_

**Does your child have special learning needs?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain

My student can leave the church property after class by themselves. \_\_\_\_\_ Yes / No \_\_\_\_\_ (initial)

I give permission to St. Edward Church to photograph my child during church related activities. We also request permission to use those photos on our website, bulletin boards, newsletters, etc. \_\_\_\_\_ Yes / No

Are you a registered member of St. Edward Parish? \_\_\_\_\_ Yes / No

If no, at what Parish are you registered at? \_\_\_\_\_

## **PARENTAL PERMISSION AND RELEASE AND WAIVER OF LIABILITY**

I agree to have our child participate in the parish religious education program.

On behalf of the above named child, I do hereby release, waive, indemnify, hold harmless and defend the Roman Catholic Bishop of Las Cruces, and his successors, the Diocese of Las Cruces, St. Edward Parish, its officers, directors and agents, volunteers, chaperones, and/or representatives thereof from all damages and/or liability arising from or in connection with any activities undertaken as part of in relation to the Religious Education program(s) of St. Edward, San Jose, Our Lady of Grace, Cristo Rey or the Diocese of Las Cruces.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_