



Mission San Luis Obispo de Tolosa
Pro Cathedral

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**2021 -2022 REGISTRATION FORM
RELIGIOUS EDUCATION
Classes will be in English
materials will be bilingual**

STUDENT (One form per student, filled out each year please)

First name: _____ Last name: _____

Date of Birth: _____ Age: _____

School child attends: _____ Grade: _____

Does your child have any special needs? _____

PARENT(S) / GUARDIAN(S)

Mother's/Guardian's first name: _____ Last Name: _____

Mother's Maiden name: _____

Cell number: (____) _____ Primary email: _____

I give my permission to text my cell phone for reminders

Father's /Guardian's first name: _____ Last Name: _____

Cell number: (____) _____ Primary email: _____

I give my permission to text my cell phone for reminders

Home address: _____

City/St/Zip: _____

Student's Information:

- This is my child's first year of Religious Education
- My child is in his/her second year of Religious Education
- My child has received his/her sacrament of First Eucharist & Reconciliation
- My child received the Sacrament of Baptism on: (Month/Date/Year) _____
at (Church) _____ (City/State) _____

***If your child was NOT baptized at Mission SLO,
please attach a copy of the baptism certificate.***

We request a donation of \$ 35.⁰⁰ to cover materials for Religious Education

OFFICE USE ONLY:

Date received: _____ Initials: _____ Amount received: \$ _____

Check # _____ Cash Visa/MC

**DIOCESE OF MONTEREY
 PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM
 FOR PARISH/SCHOOL ACTIVITY/EVENT**

To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the DIOCESE OF MONTEREY PARISH & SCHOOL OPERATING CORPORATION, also known as the DIOCESE OF MONTEREY, which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity: **Religious Education**
 Dates: **October 1, 2021 - June 30, 2022**
 Mode of Transportation: **Parents provide transportation if necessary**

I, _____ (name of parent or legal guardian) parent or legal guardian of _____ (name of child/ren) hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: _____ **Date:** _____

Please provide the following:

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries) or special health/physical conditions: _____

Insurance Information:
 Insurance Carrier (Dependent Coverage): _____

Name of Policy Holder: _____ Policy Number: _____

Persons Authorized to Pick-Up Children:

Name: _____ Phone: _____

Name: _____ Phone: _____

My Child/ren may walk home from this program.

My Child may drive him/herself home from this program.

My Child requires a Child Safety Seat.

Person(s) to notify in case of an emergency:

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Child/ren's Doctor: _____ Phone Number: _____

Child/ren's Dentist: _____ Phone Number: _____