

HOLY EUCHARIST High School Confirmation 2011/2012 REGISTRATION
PLEASE PRINT CLEARLY

STUDENT'S NAME: _____ D.O.B. _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

GRADE IN SCHOOL: _____ SCHOOL: _____ Home Phone: _____

STUDENT'S SACRAMENTAL INFORMATION

BAPTISM: YES _____ NO _____ Baptized at Holy Eucharist: YES _____ NO _____ If "No", Where? _____

(Copy of Baptismal certificate must accompany this form unless your child was baptized at Holy Eucharist)

EUCHARIST YES _____ NO _____ **RECONCILIATION:** YES _____ NO _____

(Copy of First Communion certificate must accompany form unless your child received it at Holy Eucharist)

Has your child been enrolled in a Rel.Educ. program before coming to Holy Eucharist?

YES _____ NO _____ Where? _____

Parent Information

Father/Guardian Name: _____ **Email** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian Name: _____ **Email** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is your family a registered Holy Eucharist Family? _____yes _____no

If not, please register Online at the Holy Eucharist Website or with a form obtained from
the Holy Eucharist Office

REGISTRATION FEE:

AMOUNT PAID: \$ _____

\$140.00 for 2 years

Medical Release Form on the Back

Holy Eucharist MEDICAL RELEASE 2011/2012

NOTE: California Civil code 25.8 (printed below) expressly provides that a parent or legal guardian may authorize adults into whose custody a child is entrusted to consent to necessary medical treatment. The Diocese of Monterey recommends that you complete this form to grant such authorization in the unlikely event that your child may be injured while participating in church activities.

Name of
Child: _____ Birthdate: _____

Address: _____

Home Phone: _____

Name of Parent(s) / Legal Guardian(s)

1. _____ Work phone: _____ cell/pager: _____

2. _____ Work phone: _____ cell/pager: _____

Emergency Contact: Person to whom your child can be released

1. _____ Phone: _____

Relationship to Child: _____

Emergency Contact: Person to whom your child can be released

2. _____ Phone: _____

Relationship to Child _____

Family

Doctor: _____ Phone: _____

Family

Dentist: _____ Phone: _____

Medical Insurance Company: _____ Policy/group # : _____

*Special Health Needs: _____

I here by authorize adult representing HOLY EUCHARIST PARISH to procure medical, hospital, or dental care for my minor/ward in the event of injury of illness while the child is participating in Holy Eucharist activities. It is understood that an exhaustive effort will be made to contact the parent(s) or guardian(s) of the child before any treatment is given. I understand that I am financially responsible for any care so procured.

Signature of Parent/Guardian:

DATE: _____

CA CIVIL CODE SECTION 25.8:

Either parent if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon advice of a physician and surgeon on licensed under the provisions of the Medical Practice Act onto consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions to the Dental Practice Act.