SAINT ANASTASIA
CATHOLIC CHURCH

5205 A1A S., St. Augustine, FL 32080

Parish Religious Education Registration 2022-2023

PREP
Parish Religious Education Program

Home Study ◯ (If necessary)

Student's Full Name: _____
(Please print clearly) Last First Full Middle

Date of Birth: _____ Gender: ◯ Male / ◯ Female

Name of School 2022-2023 _____ Grade: _____

Location of Religious Education Program last year (2021-2022): _____

Baptism (Church Name & Address and Date of Baptism): _____

_____ ***(A Copy of the Student's Baptismal certificate required)***

1st Communion: ◯ Yes / ◯ No (Church, City, State): _____

Parent/Guardian Last Name: _____

Parent/Guardians' Names: _____ _____
Mother/Legal Guardian Father/Legal Guardian

Mailing Address: _____
Street City Zip

Contact Phone Numbers: _____ _____
Mother/Legal Guardian Father/Legal Guardian

Contact Email: _____ _____
Mother/Legal Guardian Father/Legal Guardian

Student Resides with: _____

Please list any special situations we should be aware of regarding your child: (Dietary restrictions, educational needs, family…)

_____ _____ _____

Emergency Contact: In the event you cannot be reached, please list the following:

First & Last Name: _____

Phone: _____

For Office Use Only

Amount Due: _____

Amount Paid: _____

Date: _____

◯ Check # _____

◯ Cash: _____ ◯ Credit Card

Program Fees:

◯ 1 child…… $70.00

◯ 2 children…… $85.00

◯ 3 or more children…… $95.00

Credit cards are accepted.

◯ *Visa* ◯ *MasterCard*

Acct. #: _____

CVV #: _____

Expiration Date: _____

Scholarships available

Contact Denise Pressley at the Parish Office

Please complete both sides of this form

SAINT ANASTASIA CATHOLIC CHURCH

Parish Religious Education Registration 2022-2023

PREP Parish Religious Education Program

Diocese of St. Augustine
Parent Permission and Release of Liability

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Parish: St. Anastasia Catholic Church

Name of Program: Parish Religious Education Program [PREP]

Dates: Wednesday evenings September 7, 2022, through May 3, 2023

The above child is eligible to participate in above parish-sponsored program. This program will take place under the guidance and supervision of employees/volunteers from the above parish.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

Please list any known allergies: _____

_____

Physician's Name: _____ Telephone Number: _____

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The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Erik Pohlmeier, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Erik Pohlmeier individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

Parent / Guardian Signature: _____ Date: _____

Please complete both sides of this form