

*Cathedral of
Immaculate Heart of Mary*

Religious Education

Registration Forms

2024 – 2025

Email completed packet to
ihmreledu@ihmcathedral.org

or

Turn in to the IHM front office

**Cathedral of Immaculate Heart of Mary
Religious Education Registration Form 2024 – 2025**

(PLEASE PRINT ALL INFORMATION CLEARLY)

FAMILY INFORMATION

Name of Person(s) Child/Children primarily resides with:

Relationship to Child:

Your Mailing Address:

Street _____ City _____ State _____ Zip Code _____

Your Contact Information (Cell/with area code): _____

Home No. _____ Your work No. _____

Your E-mail address: _____

Father's Name: _____

Mother's Name: _____

DOB: _____

DOB: _____

Cell Phone: _____

Cell Phone: _____

Phone work: _____

Phone work: _____

E-mail address: _____

E-mail address: _____

Marital Status: Catholic Marriage Civil Marriage Divorced Separated Single
 Living together

Name of Emergency in-town contact: _____ Phone w/area code: _____

Name of your Parish Church: _____

What Mass do you and your family regularly attend? _____

DOCUMENTS REQUIRED

We require a copy of each child's Baptismal Certificate, a copy of the Birth Certificate and 1st Holy Communion.

We are happy to make a copy for you in the office!

REGISTRATION FEES – please pay registration on the first day of Catharism classes.

First Child \$60.00

Second Child \$40.00 (The fee per child after the first)

(Please let us know if the fee is a hardship for your family. Scholarships and/or reduced fees are available)

Total Fee _____ Cash Amount _____ Check Amount _____ Check # _____

Receipt # _____

God bless you and your family!

REGISTRATION FORM (2024 – 2025)

PLEASE PRINT ALL INFORMATION CLEARLY

CHILDREN/STUDENT INFORMATION

Child's Name (First and Last): _____

Child's DOB: _____

Sex: _____ Male _____ Female School Grade: _____ Age: _____

Has your child been baptized? Yes _____ No _____ Certificate: _____

Has your child made his/her First Confession? Yes _____ No _____ Certificate: _____

Has your child made his/her 1st Holy Communion? Yes _____ No _____ Certificate: _____

Has your child been Confirmed? Yes _____ No _____ Certificate: _____

Child's language preference: English _____ Spanish _____ Other _____

Child's Name (First and Last): _____

Child's DOB: _____

Sex: _____ Male _____ Female School Grade: _____ Age: _____

Has your child been baptized? Yes _____ No _____ Certificate: _____

Has your child made his/her First Confession? Yes _____ No _____ Certificate: _____

Has your child made his/her 1st Holy Communion? Yes _____ No _____ Certificate: _____

Has your child been Confirmed? Yes _____ No _____ Certificate: _____

Child's language preference: English _____ Spanish _____ Other _____

Child's Name (First and Last): _____

Child's DOB: _____

Sex: _____ Male _____ Female School Grade: _____ Age: _____

Has your child been baptized? Yes _____ No _____ Certificate: _____

Has your child made his/her First Confession? Yes _____ No _____ Certificate: _____

Has your child made his/her 1st Holy Communion? Yes _____ No _____ Certificate: _____

Has your child been Confirmed? Yes _____ No _____ Certificate: _____

Child's language preference: English _____ Spanish _____ Other _____

Child's Name (First and Last): _____

Child's DOB: _____

Sex: _____ Male _____ Female School Grade: _____ Age: _____

Has your child been baptized? Yes _____ No _____ Certificate: _____

Has your child made his/her First Confession? Yes _____ No _____ Certificate: _____

Has your child made his/her 1st Holy Communion? Yes _____ No _____ Certificate: _____

Has your child been Confirmed?

Yes _____ No _____ Certificate: _____

Child's language preference:

English _____ Spanish _____ Other _____

Cathedral of the Immaculate Heart of Mary

2024 - 2025

CHILD/S NAME _____ GRADE _____

(Nombre de estudiante)

(Grado)

Parent's Name(s) _____

(Nombre de los padres)

Best phone number to reach me _____

Números donde me encuentran

¿Necesita información en español? _____

The following people have permission to sign my child in/out of class:

Las siguientes personas tienen permiso para firmar para dejar/recoger a mi hijo/a de clase:

1. _____ Relationship/parentesco _____

2. _____ Relationship/parentesco _____

3. _____ Relationship/parentesco _____

Photos: I give _____ do not _____ give permission for my child's photo to be taken for bulletin boards and/or crafts.

Fotos: Doy _____ no doy _____ permiso para que tomen fotos de mi hijo/a para le boletín o ninguna otra parte.

**Diocese of Las Cruces
Parental Permission, Health Authorization and Release Form**

Youth's Name _____

Parent/Guardians Name _____

Primary Phone _____

Pager/Cell _____

In case of emergency, notify person other than parent/guardian.

Name _____

Relationship _____

Home Phone _____ Cell phone _____

HEALTH AND MEDICAL INFORMATION

Family physician _____ Phone _____

Medical plan _____ Plan# _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes _____ No _____

State any reasons why you do not want medical care given to your child in an emergency:

List all allergies your child: _____

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.

PARENTAL PERMISSION AND RELEASE AND WAIVER OF LIABILITY

I/we, parent or authorized guardian of the child named above give permission for his/her participation in _____ and all related activities, including but not limited to transportation to and from this youth ministry event.

I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.

I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of diocese/parish, youth ministry program employees, agents or volunteers or other participants.

I/we understand that youth participating in youth ministry events may risk injury to the body, psyche or property damage to themselves and others.

I/we agree on behalf of myself/ourselves, my/our child named herein or our heirs, successors and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advances those parties hereinafter named and further agree to indemnify, hold harmless and defend the Roman Catholic Bishop of Las Cruces, and his successors, the liability arising from or in connection with my/our child attending _____ or in connection with any illness or injury or cost of medical treatment in connection.

Signature of Parent or Guardian

Date

Diócesis de Las Cruces
Forma de Permiso Parental y Autorización de Salud

Nombre de Padres/Tutores _____

Teléfono primario _____ Teléfono del celular _____

En caso de emergencia, notifique a otra persona (que no sean los padres o tutores):

Nombre _____ Tipo de relación _____

Teléfono de casa _____ Teléfono del celular _____

INFORMACION DE SALUD/MÉDICA

Doctor de la familia _____ Teléfono _____

Plan médico _____ Número de plan _____

¿Autoriza usted al líder adulto para autorizar tratamiento médico para su hijo(a) en caso de emergencia, considerado necesario por el médico presente? Sí No Iniciales del Padre/Tutor: _____

Nombre cualquier razón por la cual usted no quiere que se le otorgue cuidado médico a su hijo(a) en caso de emergencia

Nombre alergias que su hijo(a) tenga _____

Nombre todas las condiciones médicas (por ejemplo, ataques epilépticos, asma, diabetes) por las cuales su hijo(a) requiere medicamento continuo y los tipos y frecuencia que se las debe tomar: _____

Nombre cualquier restricción física o de otro tipo por cualquier actividad en base de condición médica:

PERMISO DE LOS PADRES DE LIBERACIÓN Y RENUNCIA DE RESPONSABILIDAD

Yo/nosotros, padre/s o tutor/es autorizados del joven nombrado arriba doy permiso para que participe en _____ y todas las actividades relacionadas, que incluyen, entre otras, el transporte hacia y desde este evento del ministerio para jóvenes.

Estoy de acuerdo en informarle a mi hijo que debe cooperar con las indicaciones e instrucciones razonables del personal de la oficina del ministerio para jóvenes o de adultos líderes que estarán sirviendo como voluntarios.

Estoy de acuerdo en que seré responsable de cualquier gasto médico relacionado a lesiones de mi hijo/a como resultado de su participación en este evento, sea o no causado por negligencia por parte de la diócesis/parroquia, empleados del programa para el ministerio para jóvenes, agentes, voluntarios u otros participantes.

Comprendo que los jóvenes que estarán participando en los eventos del ministerio para los jóvenes corren el riesgo de lesionar su cuerpo, su físico, o daños a propiedad propia o de otros.

Estoy de acuerdo en que a nombre mío, de mi hijo nombrado en ésta o nuestros herederos, sucesores o asignados, de librar y desistir de cualquier reclamo por daños que yo o nuestro hijo tengamos para librar y absolver por adelantado las partes nombradas aquí y también estoy de acuerdo en indemnizar, eximir y defender al obispo de la Diócesis de Las Cruces y sus sucesores, a la Diócesis de Las Cruces, sus oficiales, directores y agentes, voluntarios, chaperones y/o representantes, y a la parroquia, de cualquier responsabilidad que surja de o en conexión con mi hijo asistiendo a la _____ o en conexión con cualquier enfermedad o lesión o costo de tratamiento médico en conexión.

Firma de Padre o Tutor

Fecha