



**K - 8TH GRADE RELIGIOUS EDUCATION**  
CATHOLIC COMMUNITY OF BARTLESVILLE

# 2024-2025 CRE Registration

**K – 8<sup>th</sup> Grade (ENGLISH)**  
St. James & St. John Before the Latin Gate

Student Information					Self-Safety
Last Name	First Name	Grade	Allergies, Handicaps or other Special Needs	Birthday	My child may participate in the Self-Safety Program (See attached information form)

Which church are you affiliated with?  St. James  St. John

May we use photographs of your child/ren for Publicity Purposes to represent the Bartlesville CRE Program?  
 Yes  No

Parent Information	
Parent / Guardian Name(s)	
Street Address	
City / ZIP Code	
Home Phone	
Cell Phone	
E-Mail for CRE Communications (Please print clearly)	
Preferred method of communication	<input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone
Primary Language in household	<input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other:

Emergency Contact Information		
<i>Please list an emergency contact in the event we are not able to reach parent/guardian.</i>		
Name:	Relationship:	Phone:

Parent/Guardian Release of Liability
<p>I/We the undersigned parent(s) or legal guardians of (Please list each child) _____ do hereby authorize any x-ray examination, anesthetic, dental medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor under the general, specific or special request of the St. James &amp; St. John CRE Staff or Volunteers. This consent will remain effective from August 1, 2024 through August 31, 2025. I understand that every precaution will be taken to ensure my daughter/son/ward's safety. Should an accident occur, I will not hold the St. James or St. John Catholic Church or the Diocese of Tulsa or its paid staff or volunteer staff responsible. Further, I understand that attempts will be made to immediately contact me should an accident occur. If the parish is unable to contact me, I understand that an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian.</p> <p>Parent/Guardian Signature _____ Date ____ / ____ / ____</p>