

# Bartlesville Catholic Youth

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

## 2022-2023 CRE Registration

**K-8<sup>th</sup> Grade**  
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)
					Yes      No
					Yes      No
					Yes      No
					Yes      No

\*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	Email	Text	Phone
Primary Language in household	Spanish	English	Other _____

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

Parent/Guardian Release of Liability
I/We the undersigned parent(s) or legal guardian(s) 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 & St. John CRE Staff or Volunteers. This consent will remain effective from August 1, 2022 through August 31, 2023. 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.
Parent/Guardian Signature _____ Date ____/____/____