



ST. ELIZABETH'S TEEN PROGRAM REGISTRATION

Please send filled application with a copy of all the Sacramental certificates to christine.bradford@dsj.org

2024 - 2025 School Year

WHICH MASS DO YOU REGULARLY ATTEND? _____

TEEN INFORMATION

Last:	First:	Middle:
Address:		City & Zip Code:
Home Phone:	Grade:	School:
Birth Date:	Email:	
Special Needs (allergies, disabilities, etc.)		

PARENT INFORMATION

Father's Name:	Mother's Name:
Home Phone (if different from above)	Home Phone (if different from above)
Cell# Work#	Cell# Work#
Email:	Email:

**SACRAMENTS	WHERE	WHEN
BAPTISM		
FIRST COMMUNION		
RECONCILIATION		
CONFIRMATION		

** If you would like to receive any other Sacraments, please circle which one(s).

Program Fee: \$140/\$120

Sacramental Fee: \$50

\$140 for 1st Teen/Child

(due 2nd year)

Amount Paid: _____

\$260 for 2 Teens/Children

Cash Check #

**sibling registration(s) is \$120 for Teens and/or Catechetical

(OVER)

Revised May 2024

PHOTO/VIDEO RELEASE: Occasionally pictures or videos are taken of children faith formation events and gatherings. We would like to be able to use these photographs for newsletters, flyers, multimedia, and the Parish Web Site. We will not use any last names if posted. Concerns about published pictures should be expressed to writer/webmaster and will be promptly dealt with. I, the parent of this child, authorize and give full consent, without limitation or reservation, to St. Elizabeth Parish to publish any photographs/videos in which my child and/or his/her parents/grandparents appear while participating in any program of Faith Formation. No compensation is to be given.

Parent Signature

Program Participation Waiver: TO THE EXTENT PERMITTED BY LAW, I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE TO PROPERTY THAT MY CHILD/CHILDREN MAY SUFFER OR SUSTAIN DURING THE CHILDREN'S FAITH FORMATION PROGRAM, WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE. I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS PROGRAM. IN THE EVENT THAT I/MY CHILD BECOME(S) ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER MEDICAL TREATMENT(S), INCLUDING BUT NOT LIMITED TO X-RAY, EXAMINATION, OR HOSPITAL CARE, CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL AND/OR OTHER MEDICAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME/MY CHILD TO PARTICIPATE IN ANY ACTIVITY ASSOCIATED WITH THE PROGRAM.

Parent Signature