



CRE Registration for 2025 - 2026

Kindergarten - 12th Grade (ENGLISH)

Family Last Name: _____

Student Information				Sacramental Information				
Full Name (First and Last)	Grade	Cell-Phone (for 9-12 grade only)	Birthday	Please check which Sacrament(s) your child has already received:				Indicate (if any) the Sacrament(s) you would like your child to receive this year:
				Baptism	Reconciliation	Holy Eucharist	Confirmation	

Do/does your child/ren have any allergies or special needs? Yes No If yes; explain: _____

My child/ren may participate in the Self Safety Program? Yes No

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

Family Information		
Parent / Guardian Name(s):		
Street Address:	City:	Zip:
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		
I give consent for St. James/St. John to communicate me by my preferred method of communication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 & St. John CRE Staff or Volunteers. This consent will remain effective from August 1, 2025 through August 31, 2026. 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>

There is a suggested donation of \$25 per student or \$40 for families. Either scan the QR code to pay online, or you may pay by cash/check.

