For office use only.
Paid $_____
Cash ____ Check #_____

BLESSED SACRAMENT CATHOLIC CHURCH (BSC)
RELIGIOUS EDUCATION REGISTRATION - PARISH PROGRAM - 2025-2026
bscfaithformation@gvec.net 830-484-3303

Parent name records should be filed under _____
(last first middle)

Mailing Address _____
(city, state, zip)

Preferred Phone Contact _____ Family Email _____

Father's Name _____ Mother's Name _____
(last first middle) (last first middle maiden)

Father's Religion _____ Mother's Religion _____

Father's phone Number _____ Mother's phone Number _____

Is the father available to substitute? Yes _____ No _____ Is the mother available to substitute? Yes _____ No _____

Is the family registered with a Catholic Church? Yes _____ No _____ If Yes, name of Church: _____

If Sacraments have been received through a church other than BSC, documentation of each Sacrament received must be provided with registration forms.

Student Name (last, first, middle)	Male/ Female	School Grade	Baptism? Yes or No If yes, Church/City	Communion/ Reconciliation? Yes or No If yes, Church/City	Confirmation? Yes or No If yes, Church/City

Your child(ren) will receive Safe Environment Training as outlined by the Office of Victim Assistance & Safe Environment (OVASE) – Archdiocese of San Antonio, Texas unless you request otherwise.

I give permission for my son's/daughter's picture to be taken and used by Blessed Sacrament Parish. Yes_____ No _____

Requested contribution: BSC parishioners: $20 for the first student, $15 for the second, and $10 for each additional student.
Non-parishioners: $40 for the first student, $30 for the second, $20 for each additional student. Make check payable to Blessed Sacrament Church.

(OVER)

HEALTH INFORMATION - MEDICAL CONSENT FORM 2025-2026

Student Name	Date of Birth	Does he/she have any allergies? Yes or No If yes, what is the allergy?	Allergic to any medication? Yes or No If yes, please indicate what medication.	Please list current or chronic conditions, injuries or other information which may be important for providing care in the event of an emergency.

Insurance Carrier: _____ Name of Insured: _____

Group or Plan Number: _____ Identification Number: _____

Primary Care Physician Name/Number: _____ Hospital Preference: _____

Emergency contact, other than parents: (Name): _____ Relationship: _____ Number: _____

List anyone else (Name and Number) authorized to pick-up student(s): _____

MEDICAL CONSENT AND PERMISSION TO TREAT: To the best of my knowledge, my child(ren) is(are) in good health, and I assume responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend Blessed Sacrament Church, Poth, Texas, its officers, agents, and the Archdiocese of San Antonio, Texas, from any liability for illness, injury, or death arising from or in connection with my son's/daughter's attending Faith Formation classes and related events, and I agree to compensate the parish, its officers, directors, and agents, and the Archdiocese of San Antonio, Texas, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Please DO NOT drop off students more than 10-15 minutes prior to class. Blessed Sacrament Church is not liable for accidents.

Parent/Guardian Name (print): _____ Parent/Guardian Signature: _____ Date: _____

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