

Old St. Patrick Catholic Church

Religious Education Registration & Sacramental Request Form, 2017-2018

CHILD'S NAME: _____ AGE: _____ GRADE: _____ DOB: _____
First Middle Last

SACRAMENTS RECEIVED: BAPTISM RECONCILIATION HOLY COMMUNION
(Circle all that apply)

Parish of Baptism: _____ Date of Baptism: _____ City/State of Baptism _____

Religious Education History (Write name of parish, school or home school)

Grade 1 _____	Grade 3 _____	Grade 6 _____
Grade 2 _____	Grade 4 _____	Grade 7 _____
Grade 5 _____	Grade 8 _____	

Child resides with (check one): Both Parents _____ Mother _____ Father _____

Father's Name _____ Mother's Name _____
First Middle Last First Middle Maiden

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address(es) for class announcements: _____

SACRAMENTAL REQUEST:

1st Reconciliation /Communion _____ Confirmation spring 2018 (8th grade) _____ Confirmation spring 2019 (7th grade) _____

TUITION:

My child will be participating in the Religious Education Program (\$50 per child. Max \$150): _____

My child is preparing at home or another location and will be receiving a Sacrament this spring (\$20 per child): _____
Name of program _____

My child is preparing at home or another location and is in 7th grade and will receive Confirmation in 2019 (\$) _____
Name of program _____

Tuition must be paid in full at time of registration. For special considerations, contact John Pratt, the Director of Religious Education.

PARENTAL / GUARDIAN PERMISSION

I hereby consent to participation by my child in Old St. Patrick's Religious Education Program for the **2017-2018** academic year. I understand this program will take place on the parish grounds and that my child will be under the supervision of the authorized parish personnel.

Signature: _____ Date: _____

Name: _____

*** PLEASE FILL OUT BOTH SIDES ***

Health History and Medical Release Form for Parish Programs and Activities

Note to parent/guardian: Please read the following sections over carefully. We apologize for the complexity but we must be sure we have your full consent in these areas.

PERMISSION FOR ROUTINE MEDICAL TREATMENT:

All attempts **will** be made to notify you if your child requires medical treatment (i.e., cases of high, persistent fever; severe vomiting, etc.). Please indicate whether or not you wish attempts to be made to contact you if your child becomes ill with minor symptoms (I.e., headache, sore throat, low-grade fever, etc.). **YES**_____ **NO**_____

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and **sign either A or B** which is in accord with your wishes:

A) I grant permission for non-prescription medication (I.e., Tylenol, cough syrup, etc.) except for the following _____ to my student if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

*SIGNATURE _____ DATE _____

OR

B) I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

*SIGNATURE _____ DATE _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to Old St. Patrick Catholic Church to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor and I recognize that I am financially responsible.

*SIGNATURE _____ DATE _____

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____

In an **EMERGENCY**, and unable to reach parent/guardian, contact:

1. Name _____ Telephone () _____

2. Name _____ Telephone () _____

Old St. Patrick Catholic Church

Parent / Religious Education Commitment

Parish and family catechesis are inseparable from one another because they each fulfill distinct needs of our children to grow morally and spiritually into disciples of Christ.

As the religious education program at Old St. Patrick we pledge to:

- ❖ *Support you, as parents, by providing your child with a rigorous program that faithfully teaches according to the Magisterium of the Church.*
- ❖ *Assign meaningful lessons to be completed at home to supplement the catechesis in Sunday class.*
- ❖ *Provide materials, support, and guides to encourage you in your role as the first educators of your children in the faith.*
- ❖ *Facilitate an organized program with clear expectations directed to helping students and their families deepen their knowledge and love of Jesus Christ and His Church.*

As a parent committed to deepening my faith and that of my child, I will:

- ❖ *Regularly participate in the sacramental life of the parish as a loving witness of the Catholic faith for my child.*
- ❖ *Assist at Mass on Sundays and holy days of obligation, in accordance with the teachings of the Church.*
- ❖ *Ensure that my child faithfully attends religious education classes with the understanding that more than 5 absences throughout the year will be grounds for my child having to repeat grades in the following year.*
- ❖ *Pray with and for my child. In addition, I will help my child learn all the prayers assigned throughout the year.*
- ❖ *I will assist my child in completing the lessons and activities before class each week. I understand that faithfully completing lessons and quizzes is an essential part of the religious education program.*

Parent's Signature

DRE's Signature (parish staff)

Name(s) of Child(ren)

Date:

Date: _____