

Old St. Patrick Catholic Church
Religious Education Registration & Sacramental Request Form, 2018-2019

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

SACRAMENTS RECEIVED: BAPTISM (at Old St. Patrick Y / N) RECONCILIATION HOLY COMMUNION
(Circle all that apply)

Location of Baptism: _____ Date of Baptism: _____

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

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

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

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

Street Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Email _____

SACRAMENTAL REQUEST:

Sacrament to be completed in the Spring: First Reconciliation/First Communion _____ Confirmation _____

My child is: Participating in the OSP Religious Education Program _____ Receiving education at another location: _____

Name of school or curriculum: _____

Candidates for the Sacraments who were baptized at a parish other than Old St. Patrick MUST provide a **current** Baptismal certificate. To obtain one, please call the parish where the child was baptized and request a certificate to be mailed to:

Old St. Patrick Catholic Church
5671 Whitmore Lake Rd, Ann Arbor, MI 48105

TUITION:

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

My child is home schooling and will be receiving Sacraments in the Spring (\$20 per child): _____

Tuition must be paid in full at time of registration. For special considerations, contact 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 **2018-2019** 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:** _____

****** 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 Parental/Guardian Commitment

Recognizing that my involvement is of special importance in helping my child understand and live out their faith...

- ❖ I promise to participate in the sacramental life of the parish as a witness of my faith to my child.
- ❖ I promise to see that my child celebrates Mass on Sundays and holy days and to be with my child at Mass.
- ❖ I promise to pray with and for my child and to help my child learn the basic prayers of our faith.
- ❖ I promise to see that my child attends all religious education classes and activities and completes any assignments.
- ❖ I promise, with God's help, to continue sharing the gift of myself and the gift of faith with my child, with our family, and with the parish community.

Parent's Signature: _____

Name(s) of Child(ren):

Date: _____

FOR OFFICE USE

Total Tuition Paid: _____	Number of Children attending: _____
Check No. _____	Teacher: Full Exempt _____
Cash _____	Weekly Classroom Aid: ½ Exempt _____
Date Received _____	

For Office Use Only:

Confirmation Requirements:

Baptismal Certificate on file: _____

Sponsor Name: _____

Sponsor email: _____

Sponsor Address: _____

Letter of good standing: _____

Sponsor Confirmation cert.: _____

Confirmation Name: _____

Confirmation Interview: _____

For Office Use Only:

First Communion Requirements:

Baptismal Certificate on file: _____

Reconciliation Interview: _____

Communion Interview: _____