

# Religious Education Registration Form 2018-2019

**Office Use Only**

Paid: \_\_\_\_\_ Balance: \_\_\_\_\_  
Ck # \_\_\_\_\_ Cash: \_\_\_\_\_  
Date \_\_\_\_\_

PLEASE PRINT

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please check here if you wish to have duplicate information sent to another address: \_\_\_\_\_

Relation to child: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

### Registration fees if received by May 1, 2018

\$30/one student

\$50/two students

\$75/three or more students

There will be a \$5 per student fee assessed for registrations received after May 1, 2018

Financial Assistance is available upon request

**Sacrament Information: Please attach a baptismal certificate for any student who will be receiving First Eucharist (2018-2019) or who will be Confirmed during the 2018 school year.**

Returning Student	Grade	Name of School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list any new students to the program below: Children entering pre-school must be 4 years old by August 1, 2018 (December 1 for Michigan Residents)

Name: \_\_\_\_\_ Grade Level (2018-2019): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_ Baptism Yr: \_\_\_\_\_ 1<sup>st</sup> Eucharist Yr \_\_\_\_\_

Name: \_\_\_\_\_ Grade Level (2018-2019): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_ Baptism Yr: \_\_\_\_\_ 1<sup>st</sup> Eucharist Yr \_\_\_\_\_

Our expectation is that all parish children are schooled in parish schools of religion. The sacrament of Reconciliation and the sacrament of Eucharist (First Communion) are usually celebrated in the second grade year. If you child has not been in a formal religious education setting, such as a school or parish religious education program, additional catechesis will be necessary before reception of the sacraments. The sacrament of Confirmation is usually celebrated in the fall of the eighth grade year. Due to many patterns of formation, please see policy June 2003.

52473 Indiana State Road 933  
South Bend, Indiana 46637

**Note:** Parents must sign either the Consent to Emergency Medical Care or the Refuse to Consent to Emergency Medical Care.

**Consent to Emergency Medical Care**

Name of Child \_\_\_\_\_

In the event that reasonable attempts to contact me at (Phone #) \_\_\_\_\_

or (Name of Secondary Contact) \_\_\_\_\_

at (Phone #) \_\_\_\_\_ have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by

(Name of Preferred Physician) Dr. \_\_\_\_\_ phone #: \_\_\_\_\_  
or

(Name of Preferred Dentist) Dr. \_\_\_\_\_, phone #: \_\_\_\_\_  
or

in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

2. The transfer of the child to (Preferred Hospital) \_\_\_\_\_ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery are obtained before surgery is performed.

My health insurance carrier is \_\_\_\_\_ Policy/Group/Claim # \_\_\_\_\_

The following include allergies the child may have, any medication the child may be taking and any other facts to which a physician or dentist should be alerted to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

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**Refuse to Consent to Emergency Medical Care**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish / diocesan authorities to take no action or to:

\_\_\_\_\_

\_\_\_\_\_

I fully understand what is involved in this program and the foregoing form and I understand that I have the opportunity to call the catechetical leader about any questions I may have.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature