

St. Therese
Religious Ed.

2019-2020 Registration
Tuition \$45/child
(\$135. max./family[3+])

Student Information

Name: _____ D. O. B. _____

School Attend: _____ Grade: _____

Last Religion grade completed & Name of Church
_____/_____

Baptized at St. Therese? Yes or No Date: _____

Baptismal Certificate Copy? Yes or No
Church where Baptism Occurred:* _____
*If not Baptized at St. Therese Church.

Date: _____ State: _____

Allergies? Yes or No _____

Does your child have any special needs we should be aware of: Yes or No

FAMILY INFORMATION

Student lives with: Both Parents _____ Father _____ Mother _____ Guardian _____

Are you a registered parishioner:? Yes No*
*You may register with the Parish office @ 269-792-2138- Heidi, Office Secretary

Home Address (please include City, and Zip): _____

_____ Home phone: _____

Father's name: _____ Cellular : _____

Work: _____

email: _____ Receive texts? Yes or No

Mother's name: _____

Cellular: _____ Work: _____

email: _____ Receive texts? Yes or No

Emergency Contact Information

Emergency Contacts are used in the event that there is an emergency, and the parents or primary guardians are unable to be contacted

Name: _____

Relationship _____ Phone # _____

Name: _____

Relationship _____ Phone# _____

Authorization and Releases

Transportation Responsibility: I, the undersigned parent/authorized guardian, accept responsibility for transporting my child(ren) to and from classes and activities. I hereby release St. Therese of Lisieux Parish, and the Diocese of Kalamazoo, all teachers and staff from any and all liability and/ or responsibility for the transportation of my child(ren) to and from classes and activities.

All students within the classes will be dropped off at the appropriate classroom and picked up at their classroom.

I hereby authorize the persons listed having authorization to transport my child to and from Religious Education classes. If at anytime they are to be removed from said list, parent or guardian will contact Mrs. Liz Ryan in writing, stating, "They are no longer permitted to drop or pick up student".

Parent signature: _____

Date: _____

Name: _____ Relationship: _____

Phone # _____

Name: _____ Relationship: _____

Phone# _____

Photo Authorization: With my signature, I hereby grant permission to St. Therese of Lisieux Religious Education/Parish, Wayland, MI , to publish my child's name, photo or video image in connection with a display, feature story or other publication as deemed appropriate by the Parish. I also waive any right to compensation and control for pictures, voice or video that the program may take for the use of the program.

Printed name: _____ Relationship to student: _____

Permission is granted by: _____ (signature)

Date: _____

Tuition:

\$ _____

Payment:

Cash: _____

Check: # _____ \$ _____

Date: _____

Trip: \$ _____

Balance: \$ _____

Authorized Initials taking payment: _____

The Registration forms are confidential and will only be viewed by authorized individuals: Father Alphonse, Mrs. Liz Ryan, DRE, and the Catechist/teacher. No one authorized will have access to these forms.

MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you:

Minor's Date of Birth: _____ Age: _____

Reason for which release is intended: *Identity* Youth Rally for Middle School and High School Youth

Address of Minor: _____ City:

Emergency Contact: _____ Phone:

Family Physician: _____ Phone:

Physician Address: _____ City:

List allergies, medications, contacts, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy:

Group: _____ Contract:

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____
(Parent or Guardian)