

**Registration Form... St. Augustine Faith Formation (Catechetical) Program 2017 - 2018**

**Registration fees:**

**\$50.00 for first child \$25.00 for second child \$25.00 for third child. Maximum fee per family is \$100.00.**

**Materials fee for Sacramental preparation: First Eucharist \$20.00 and Confirmation \$20.00**

**Classes begin Wednesday, October 4, 2017 All classes are held on Wednesdays.**

**A brief meeting for all interested parents on the first day of class, Wednesday, October 5, will provide:**

detailed final schedule for the year overview of the curriculum and Diocesan Standards  
opportunities for parents to express concerns and communicate needs

**NOTE: As a necessary safeguard, you MUST phone 876-6252 (St. Augustine) if a child will be absent from a particular class.**

**During the dark winter months, you may be asked to pick your child up at the door after class.**

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- Fill out this form even if you have done so in the past.** Return with appropriate registration fees to sacristy
- or, mail to . Box 325. **(Make checks payable to St. Augustine Parish and note that is for Faith Formation Classes)**

**Complete and return this form whether or not you need financial assistance.**

**If you need financial assistance, send this form and omit the fee. Contact Janet Kassel to make payment arrangements.**

Please PRINT clearly

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Address (if different): \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone : \_\_\_\_\_

Cell phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Registered Member of St. Augustine Parish? Y N

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**STUDENT INFORMATION: list year and parish/church where sacraments were received.**

Student Name	Grade	Fees Due \$100.00 max per family	Baptism	Penance	Communion	Confirmation
1		\$50.00				
2		\$25.00				
3		\$25.00				
4		\$0.00				

Remember to include Sacramental Materials Fee ---- First Eucharist and/or Confirmation \$20.00

**Please fill out medical form. Use one medical form per student.**

**DISCIPLINE POLICY:** Should a student be dismissed from class because of behavioral concerns, he or she may return to the following class, accompanied by a parent or guardian. The parent must also be willing to attend at least one additional class, during the year, to assist the teacher with any reoccurrences of behavioral issues concerning their child.

**PARENT RESPONSIBILITY STATEMENT:** As a parent, I understand the importance of my child's religious education. It is my responsibility to be the primary educator. The St. Augustine Religious Education Program is meant to assist me. I realize I have a responsibility to ensure that my child is a positive addition to the program..

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**2017-2018 Emergency Medical Form *This form is required by the Diocese of Madison.*  
*Information stays in our parish office and is confidential.* **Fill out separate sheet for each student****

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

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

Mother(Guardian) work telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Father(Guardian) Work telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Emergency Contacts (other than parent):**

Name #1 : \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Name #2 : \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Telephone # \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medication:**

My child is taking the following medications: \_\_\_\_\_  
\_\_\_\_\_

My child has the following allergies (medications, food, plants, insects, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of most recent Tetanus Vaccine \_\_\_\_\_ Immunizations up to date? \_\_\_\_\_

Any physical limitations? \_\_\_Yes \_\_\_No (if yes, please explain below or on back of sheet)

Any other special medical condition? \_\_\_Yes \_\_\_No (if yes, please explain below or on back of sheet)

If appropriate, my child may be given (Please initial): Tylenol: \_\_\_ Yes \_\_\_No ; Ibuprofen: \_\_\_Yes \_\_\_No

**Authorization for Treatment of Minor**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_  
give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed Wisconsin physician should his/her  
conditions so require it in my absence. I understand that in such cases reasonable attempts would first be made to contact me, time and conditions  
permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical  
practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow.  
Limitations: \_\_\_\_\_

I assume financial responsibility for any and all treatments as described herein.

I have completed this form to the best of my ability. To my knowledge, all of the above information is accurate.

This authorization is effective for the following period: September 2017 to September 2018.

Father / Male Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother /Female Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_