

Registration Form... St. Augustine Faith Formation (Catechetical) Program 2018 - 2019

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, September 19, 2018 All classes are held on Wednesdays.

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 will be asked to pick your child up at the lower level door after class.

- 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, Footville, WI 53537
- (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

Registered Member of St. Augustine Parish? Y N

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

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

Include one-time Sacramental Materials Fee

First Eucharist and/or Confirmationadditional \$20.00

Please fill out medical form on next page. 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: _____

/2018-2019 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: _____