2019~ 2020 Religious Education Registration Form

The Catholic Churches of St. Augustine and St. Mary

185 N. Oak Harbor St., Oak Harbor, WA tel. (360) 675-2303

9th- 12th Grade : Wednesdays, 6:30-7:45pm

Name of student: _____ **Age:** _____ **Grade:** _____

Name of School: _____ Home school: ( )

Name of parent/guardian: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-Mail:** _____

Religious Affiliation: _____

Please indicate special education and/or physical/medical needs below, if any.

_____

Pictures: I give permission for my child to have his/her picture in the ☐ bulletin ☐ website/Facebook

PLEASE CHECK BOXES IF YOU ARE ALLOWING YOUR CHILD TO HAVE THEIR PICTURES POSTED.

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SACRAMENTS RECEIVED:

Baptism _____ Date: _____ Parish: _____

Communion _____ Date: _____ Parish: _____

Confirmation _____ Date: _____ Parish: _____

SACRAMENTS NEEDED:

Baptism _____ Communion _____ Confirmation _____

Any siblings attending Faith Formation at St. Augustine's? If yes, please list name & grade:

_____ _____

_____ _____

Persons (other than parent/guardian) ***authorized*** to remove child from Faith Formation:

Person: _____ Relationship: _____

Person: _____ Relationship: _____

PARENT/GUARDIAN Signature _____ **Date** _____

*Please complete the **Emergency Treatment Release Form** at the back side.*

FEES: $55 per child Late registration: $65after Aug. 30, 2019

Please mail forms together with checks payable to :
ST. Augustine Catholic Church
P.O. Box 1319, Oak Harbor, WA 98277
Or, you may drop it at the Parish office between 9~4pm on weekdays.
For financial assistance, pls. call 675-2303 x 4

Payment Information: Office Use Only
Amount Paid: _____

CASH CHECK # _____

RE Use Only:

Special Sacrament ___ RCIA ___

EMERGENCY TREATMENT RELEASE FORM

Parent/Guardian:
Your parish has adopted the following procedures in caring for your child when he/she becomes ill or injured at Religious Education classes. In certain cases if extreme emergency, an ambulance may be called immediately.
In most cases of emergency and/or need of medical/hospital care:

1. **The DRE/Catechist/Youth Minister will call the home.**
2. **If there is no answer at the home, the DRE/Catechist/Youth Minister will call the place of employment of the mother, father or guardian.**
3. **If there is no answer at the workplace, the DRE/Catechist/Youth Minister will call the other numbers listed and the physician.**
4. **If there is no answer at these numbers, the DRE/Catechist/Youth Minister will call the ambulance, if necessary, to transport the child to a local medical facility.**
5. **The DRE/Catechist/Youth Minister will continue to call the parent, guardian or physician until contact is made.**

Please sign and complete the following form:

If I cannot be reached, I request that the DRE/Catechist/Youth Minister act in the best medical interests of my child and I agree to assume all expenses for moving and medically treating him/her. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

Signature of Parent/Guardian _____ **Date** _____

Student's Name: _____ Birthdate: _____ Phone: _____
Last First Middle Mo. Day Year.

Parish: _____ Home Address: _____
Street City State Zip

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

Mother's Place of Employment: _____ Daytime Phone: _____

Father's Place of Employment: _____ Daytime Phone: _____

If parents/guardian's cannot be reached, notify the following who will provide the transportation if necessary:

Name	*Address*	*Phone*	*Cell*

Name	*Address*	*Phone*	*Cell*

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Indicate student's serious medical problems: _____

Student is allergic to: ( ) Penicillin ( ) Aspirin ( ) Other _____

Medical Insurance: _____

Company_____ ID# _____ Group # _____

Please return to your parish.