

**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

**K- 5: Wednesdays, 4:00-5:15pm**  
**Middle School :Wednesdays, 6:30-7:45pm**  
**Special Sacrament Class: Wednesday 5:30-6:15pm**  
**RCIA for children: Thursdays, 4:00- 5:00pm**

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.*

**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: \$45 per child Late registration: \$55 after Aug. 30, 2018**  
**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:

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Cell</i>
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<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Cell</i>
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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.**