2022~ 2023 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

Name of student:			Age: _	Grade:
Name of School: _			Home school: ()	
Name of parent/g	uardian:			
Address:				
Cell Phone:				
Religious Affiliatic	on:			
Please indicate spe	ecial education and/or physi	cal/medical needs belo	ow, if any	
Pictures: I give per	rmission for my child to have	e his/her picture in the	e bulletin	website/Facebook
PLEASE CHECK BO	OXES IF YOU ARE ALLOWIN	G YOUR CHILD TO HA	A <i>VE THEII</i>	R PICTURES POSTED.
		Y	es 🗖	
			No 🗖	
SACRAMENTS REC	CEIVED:			
Baptism	Date:	_ Parish:		
Communion	Date:	Parish:		
Confirmation	Date:	Parish:		
SACRAMENTS NE	EDED:			
Baptism	Communion	Con	firmation	
Any siblings atten	ding Faith Formation at St. A	ugustine's? If yes, plea	se list nan	ne & grade:
Persons (other tha	n parent/guardian) <i>authori</i>	zed to remove child fro	om Faith F	ormation:
Person: Relation			nip:	
Person:		Relationsh	nip:	
PARENT/GUARDI	AN Signature			Date
	Please complete the Emer			
FEES: \$55 k-6th, 7th-12th \$60 An additional \$5 fee after September 13th, 2021 Please mail forms together with checks payable to :				Payment Information: Office Use On Amount Paid: CASH CHECK #
ST. Augustine Catholic C P.O. Box 1319, Oak Harb				RE Use Only:
Or, you may drop it at the Parish office between 9-4pm on weekd.				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. <u>In certain cases if extreme emergency</u>, an ambulance may be called <u>immediately</u>.

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 <u>and</u> 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 Paren		Date							
Student's Name:				Birthdate:	P	hone:			
Parish:	Tret	Einet	N (; 1.11 -	14-	D V.				
			Street	(City	State	Zip		
Mother/Guardian's Na	Sather/Guardian's Name:								
Mother's Place of Em	Daytime Phone:								
Father's Place of Emp	Daytime Phone:								
If parents/guardian's c	cannot be reacl	ned, notify the follo	wing who wi	ll provide the	transportatio	on if necessa	ıry:		
Name A		Address		P	Phone		Cell		
Name		Address		P	Phone		Cell		
Family Physician:				Phone:					
Family Dentist:		Phone:							
Indicate student's seri	ous medical p	oblems:							
Student is allergic to:	() Penicillin	() Aspirin	() Other						
Medical Insurance:									
Company						Group #			
		Ple	ease return t	o your parish	l .				