

2023- 2024 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/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.

Yes
 No

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 k-6th , 7th-12th \$60
An additional \$5 fee after September 13th, 2023
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.

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>
-------------	----------------	--------------	-------------

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Cell</i>
-------------	----------------	--------------	-------------

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.