

RELIGIOUS EDUCATION REGISTRATION



1 - FAMILY INFORMATION

Last Name (name under which this form is to be filed) _____
 Father/Guardian _____ Mother/Guardian _____
 Address _____ Family E-mail _____
 City _____ Zip _____ Phone (H) _____
 Father (Cell) _____ receive texts: yes/no Mother (Cell) _____ receive texts: yes/no
Parish Members: yes ___ no ___, if not what church do you attend regularly? _____

2 - RELIGIOUS EDUCATION PARTICIPANTS

Please list the First Name (and last if different than above), and Grade for the current school year of each child you are registering and the school they attend

Name _____	Grade _____	Birth Date _____	School _____
Name _____	Grade _____	Birth Date _____	School _____
Name _____	Grade _____	Birth Date _____	School _____
Name _____	Grade _____	Birth Date _____	School _____
Name _____	Grade _____	Birth Date _____	School _____

HOME-SCHOOL: Please indicate if you will be home-schooling your child(ren) in religious education this year.

- Yes, for the entire year (name of child this applies to) _____
- Yes, but only until the public health emergency is over (name of child this applies to) _____
- No, they will be attending in-person (name of child this applies to) _____

ALLERGY INFORMATION: Please list any food or other allergies for your child(ren) along with their name

3 - TUITION AND FEES - The tuition is non-refundable due to the fact we purchase books etc for the children to use throughout the year. If the cost could prohibit you from participating please speak to Director of Faith Formation about installment plans as soon as possible.

1 Child **\$70** total 2 Children **\$140** total 3 or More **\$210** total

Registrations will be accepted on a first-come first serve basis depending on the number of students registered and the need for volunteers. Because we see Religious Education as a cooperative effort between the Family, Child, and Church, we look to parents/guardians to volunteer in the area(s) your child(ren) is/are involved in, please, see enclosed volunteer form to sign up.

Please call or e-mail the Faith Formation Office with any questions:
Robin Johengen, Director of Faith Formation
 715-832-2504, ext 103 / rjohengen@saintolafparish.org

Please return to the Parish Office by Wednesday, September 15, 2021
or mail to: PO Box 1203, Eau Claire, WI 54702-1203

**DIOCESE OF LA CROSSE - ST. OLAF FAITH FORMATION
COMPREHENSIVE CHILD CONSENT AND RELEASE FORM
Parental/Guardian Consent Form and Liability Waiver**

PERMISSION TO USE PARTICIPANT PHOTOS: You have my permission to use the photos of participants listed on the Religious Education Registration form for parish newsletters, bulletins, social media, etc.

Initials of Parent/Guardian: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child(ren) is in good health, and I assume all responsibility for the health of my child(ren).

Initials of Parent/Guardian: _____ Date: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed on page 1, contact:

Emergency Contact Name: _____ Phone: _____

Relationship to family: _____

Family doctor: _____ Phone: _____

Parent/Guardian Name & relationship: _____

Parent/Guardian Signature: _____ Date: _____

SAFE ENVIRONMENT TRAINING: Go to the Diocesan website (<https://www.surveymonkey.com/r/safe-environment>) to complete the online training. You will be prompted to read information and watch video clips, then asked to acknowledge that you have done so. You will then be asked for your first and last name. This information is for record keeping only. If you are unable to access the information or links, please contact the Director of Faith Formation for help or paper copies.

Please fill out and return to the Faith Formation Office the attached diocesan forms:

Annual Verification of Safe Environment Training
Confidential Questionnaire

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Eau Claire, WI 54702-1203

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