

2021-22 High School Religious Education Registration -- STAT

Saint Thomas Aquinas Catholic Church, Indianola, Iowa (please fill out both pages)

Name(s) of Child(ren)	2021-22	Teen's Cell phone	Teen's Email address
	Grade Level		

Names of Parents/Guardians	Catholic or other denomination	Cell Phone	Work Phone

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Home Phone

Parent Email (most communication is email)

Address

2nd parent email, if you would like emails sent to two parents.

City, ZIP Code

Alternative Emergency Contact

Name & Relationship

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Phone

Medical Information

Hospital/Clinic preference

Physician's Name Phone number

Insurance Company Policy Number

Allergies and/or Special Health Concerns: _____

Medical Release: I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child(ren), _____ in the event of a medical situation occurring in my absence or when the hospital or physicians are *unable to contact me*. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff where treatment is rendered by the physicians. I release from medical responsibility and liability the hospital, physician(s) and nurse(s) for performing medical procedures and acting on the authority of this medical treatment consent form which such medical providers deem necessary for my child. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Parent/Guardian Signature

Date

Transportation permission

I am giving my permission for my child to be transported during an authorized activity or event.

I give my permission for: (Check with an "X" all that apply.)

My child to ride with any adult volunteer driver. _____	<input type="checkbox"/>
My child to ride with a STAT volunteer adult driver _____	<input type="checkbox"/>
My child to ride in another youth's (18 or younger) vehicle to STAT activities ____	<input type="checkbox"/>
My child to drive his/her vehicle to STAT activities. _____	<input type="checkbox"/>
My child to transport other STAT participants in his/her or my vehicle _____	<input type="checkbox"/>

I understand that if personally-owned vehicles are used as transportation to and from St. Thomas Aquinas STAT activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. St. Thomas Aquinas church does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.
 _____ initial _____ date

Photos

Occasionally, we plan to put photos on our parish website illustrating our RE program (without specifically naming the individuals in the photo). If you do not want your child's photo on our website, please let us know:
Please do not include any photos of my children on the parish website.
 _____ (type or write your name above)

Registration Fees

STAT registration fees pay for pizza, movies, speakers, COC dinners and supplies. Fee: 2021-2022 _____ year are **\$50 per student**, due by **Sept. 8, 2021**. *Fees are waived for children of Open Discussion leaders, RE/CGS teachers.*
 ___ \$50 x Number of Children ___ = \$_____ due. *Checks payable to St. Thomas Aquinas Church, or*
 ___ Open Discussion Leader (complete info. below) or RE/CGS catechist (Fees are waived.)
 ___ Scholarship Needed (No students will be turned away for inability to pay.)

Class Open Discussion Leader Information (You receive waived fees.)

Name(s) of Volunteer(s)	Cell Phone	Email

email this form to JoAnn Sayre: jsayredre@gmail.com

Mail to: St. Thomas Aquinas, 210 R63 Hwy, Indianola IA 50125 or put in Sunday collection basket