

# Old St. Patrick Catholic Church

## Religious Education Registration & Sacramental Request Form, 2021-2022

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_  
                            First                            Middle                            Last

SACRAMENTS RECEIVED:      BAPTISM                      RECONCILIATION                      HOLY COMMUNION  
(Circle all that apply)

Parish of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_ City/State of Baptism \_\_\_\_\_

**Religious Education History** (Write name of parish, school or home school)

Grade 1 _____	Grade 3 _____	Grade 6 _____
Grade 2 _____	Grade 4 _____	Grade 7 _____
	Grade 5 _____	Grade 8 _____

---

Child resides with (check one):      Both Parents \_\_\_\_\_      Mother \_\_\_\_\_      Father \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
                            First                            Middle                            Last                              First                            Middle                              Maiden

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address(es) for class announcements: \_\_\_\_\_

---

**SACRAMENTAL REQUEST:**

1<sup>st</sup> Reconciliation /Communion \_\_\_\_\_ Confirmation spring 2022 (8<sup>th</sup> grade) \_\_\_\_\_ Confirmation spring 2023 (7<sup>th</sup> grade) \_\_\_\_\_

---

**TUITION:**

My child will be participating in the Faith & Life Religious Education Program (\$35 per child. Max \$105): \_\_\_\_\_

My child is preparing at home or another location and will be receiving a Sacrament this spring (\$25 per child): \_\_\_\_\_  
*Name of program* \_\_\_\_\_

My child is preparing at home or another location and is in 7<sup>th</sup> grade and will receive Confirmation in 2023 (\$0) \_\_\_\_\_  
*Name of program* \_\_\_\_\_

Tuition must be paid in full at time of registration. For special considerations, contact Analisa Redmond, the Coordinator of Religious Education.

---

**PARENTAL / GUARDIAN PERMISSION**

I hereby consent to participation by my child in Old St. Patrick's Religious Education Program for the **2021-2022** academic year. I understand that no event, including the religious education / sacrament preparation program, is without risk of significant injury. Nevertheless, on behalf of myself and my child(ren), I voluntarily waive any liability of any sort that might arise on the part of the Catholic Diocese of Lansing, Old St. Patrick parish, or any cleric, administrator, teacher, employee, volunteer, agent, chaperone, parent, or student, in connection with the religious education program. My signature attests to my understanding, consent, and waiver, as set forth in this paragraph.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

---

# Health History and Medical Release Form For Parish Programs and Activities

Note to parent/guardian: Please read the following sections over carefully. We apologize for the complexity but we must be sure we have your full consent in these areas.

---

## PERMISSION FOR ROUTINE MEDICAL TREATMENT:

All attempts **will** be made to notify you if your child requires medical treatment (i.e., cases of high, persistent fever; severe vomiting, etc.). Please indicate whether or not you wish attempts to be made to contact you if your child becomes ill with minor symptoms (I.e., headache, sore throat, low-grade fever, etc.). **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and **sign either A or B** which is in accord with your wishes:

A) I grant permission for non-prescription medication (I.e., Tylenol, cough syrup, etc.) except for the following \_\_\_\_\_ to my student if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

\*SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **OR**

B) I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

\*SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---

## PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to Old St. Patrick Catholic Church to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor and I recognize that I am financially responsible.

\*SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY INSURANCE PROVIDER/HEALTH PLAN \_\_\_\_\_

HEALTH PLAN NUMBER (Include expiration date): \_\_\_\_\_

In an **EMERGENCY**, and unable to reach parent/guardian, contact:

1. Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

# Old St. Patrick Catholic Church

## Parent / Religious Education Commitment

Parish and family catechesis are inseparable from one another because they each fulfill distinct needs of our children to grow morally and spiritually into disciples of Christ.

As the religious education program at Old St. Patrick we pledge to:

- ❖ *Support you, as parents, by providing your child with a rigorous program that faithfully teaches according to the Magisterium of the Church.*
- ❖ *Assign meaningful lessons to be completed at home to supplement the catechesis in Sunday class.*
- ❖ *Provide materials, support, and guides to encourage you in your role as the first educators of your children in the faith.*
- ❖ *Facilitate an organized program with clear expectations directed to helping students and their families deepen their knowledge and love of Jesus Christ and His Church.*

As a parent committed to deepening my faith and that of my child, I will:

- ❖ *Regularly participate in the sacramental life of the parish as a loving witness of the Catholic faith for my child.*
- ❖ *Assist at Mass on Sundays and holy days of obligation, in accordance with the teachings of the Church.*
- ❖ *Ensure that my child faithfully attends religious education classes with the understanding that more than 4 absences throughout the year can be grounds for my child having to repeat grades in the following year.*
- ❖ *Pray with and for my child. In addition, I will help my child learn all the prayers assigned throughout the year.*
- ❖ *I will assist my child in completing the lessons and activities before class each week. I understand that faithfully completing lessons and quizzes is an essential part of the religious education program.*

---

**Parent's Signature**

---

**Name(s) of Child(ren)**

**Date:** \_\_\_\_\_