

# RELIGIOUS EDUCATION FORM

GRADES 1-8

2019-2020

St. Augustine Cathedral & St. Thomas More Parishes

Classes begin Monday, September 16. Class time: 6:30 - 7:45 p.m. at St. Augustine School

Please return completed form and payment to either church office by May 6<sup>th</sup>.

Family (last) Name:	
Street Address:	
Phone(s):	
Email Address(es):	

Parents Full Name:

Father:	
Mother:	
Stepparent, if applicable:	

Student(s) live(s) with:  Both Parents  Mother  Father  Other (specify):

Home Parish (Parish of Register):

<input type="checkbox"/> St. Augustine Cathedral Parish
<input type="checkbox"/> St. Thomas More Parish
<input type="checkbox"/> Other (Please specify):

**Most communications will be sent via email;  
in the event of a class cancellation what  
method of contact would you prefer?**

Email  Text Message

Please provide the following information for each student being enrolled:

	Full <i>Baptismal</i> Name	Age	Gender	Grade
1.				
2.				
3.				

Please provide the following information. If you have not previously done so, also attach a sealed copy of your child's Baptismal certificate:

	Date of Birth	Place of Birth	Date of Baptism	Parish of Baptism
1.				
2.				
3.				

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

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

**Please provide a copy of your child's baptismal certificate if you have not previously done so.**

Tuition: \$50.00 per child or \$100.00 per family

Checks can be made payable to either St. Augustine Cathedral Parish or St. Thomas More Parish

*Please contact the Religious Education Office if financial assistance is needed.*

BAPTISMAL DATA

***A copy of your child's Baptismal Certificate must be attached to this form unless previously provide, please.***

Child's full baptismal name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Parish of Baptism \_\_\_\_\_

Parish Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fathers name \_\_\_\_\_

Mothers (***maiden***) name \_\_\_\_\_

Your contact phone or email \_\_\_\_\_

## MEDICAL AND GENERAL RELEASE AND TREATMENT AUTHORIZATION

In consideration of my being allowed to participate in Religious Education at *St. Augustine or St. Thomas More Parishes*, Kalamazoo, I agree to release the Parish, the Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents, representatives and volunteers, including volunteer drivers, from any and all claims, including negligence, which may be asserted by me arising from or relating to my family members participation in this program. In the event this release is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless those noted above from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this program. This release or indemnification does not apply to claims for intentional misconduct or gross negligence, nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim; but this release or indemnification shall apply to the extent of any self insurance or deductible.

I authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. I understand that reasonable attempts will be made as soon as possible to contact one of my emergency contact persons at the phone numbers listed in connection with any accident or emergency medical care. I understand that I retain all responsibility for costs associated with medical care. This general and medical release applies to all my family members listed on the reverse side of this form.

List allergies, medication, contacts or other pertinent comments for each family member:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

*(if additional space is needed, please attach an extra page - thank you)*

Doctor's Information:

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Emergency Contact Name and Phone:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If the person listed above is unavailable, alternate emergency contact person and phone numbers:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Insurance Date:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Contact #: \_\_\_\_\_

## PHOTO RELEASE

With my signature, I grant permission to *St. Augustine or St. Thomas More Parishes* to publish my child's name, photo or video image in connection with our bulletin, for news and editorial purposes in publications, electronic reproductions (parish website, social media) and/or parish brochures. I release the photographer, the journalist and the publications as well as *St. Augustine or St. Thomas More Parishes* from all claims and liability relating to these photographs, I have noted any restrictions below:

Child: \_\_\_\_\_

Photo Use Restrictions \_\_\_\_\_  
(if any):

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

## PHOTO RELEASE DISAVOWAL:

Child: \_\_\_\_\_

Has neither my permission to be photographed nor his/her image used in any media form at all without additional permission from me, his parent or guardian.

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

TO: Parents  
FROM: St. Augustine and St. Thomas More Parishes  
SUBJECT: Opportunity to "opt your child out" of the *Touching Safety* program  
DATE: 2019-2020 academic school year

Your child's religious education program will present a sexual abuse prevention program, the *Touching Safety* program, to our students in the autumn and again in the spring of this school year. The creators of the *Protecting God's Children™* program developed the *Touching Safety* program. This program is provided to us by the Diocese of Kalamazoo, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered to all students of our religious education program. As a parent, you have the right to choose whether your student participates. We encourage you to read the attached "overview" and "lesson plan" so you'll be aware of the nature of the *Touching Safety* program. If you have questions about the program or the lesson, please contact M. Saliwanchik at 269/345-5147 x 1101. For more information on the *Touching Safety* program, visit the VIRTUS *Online™* website at [www.virtus.org](http://www.virtus.org)

**If you determine that you DO NOT want your child to participate, please complete the "optout" form at the bottom of this page, and return it along with your Religious Education registration forms.**

---

### Opt-out form for use with the *Touching Safety* program

Neither St. Augustine nor St. Thomas More Parish has my permission to present the *Touching Safety* program, to my child  
(children) whose name is (are): \_\_\_\_\_

Parents' (printed) Name: \_\_\_\_\_

Parents' Signature: \_\_\_\_\_

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