

2013-2014 RELIGIOUS EDUCATION CONTACT INFORMATION

Faith Formation Program: St. Augustine and St. Mary Parishes

Phone: (608) 348-9735 or 348-7530

PLEASE ALSO COMPLETE THE PCC Religious Education REGISTRATION FORM

Family Name: _____ Mother _____ Father _____

Mailing Address (where child(ren) reside): _____
Street _____ City _____

Home Phone Number: _____

Other phone numbers we have permission to call should we need to contact parents:

Mother: Cell _____ Work: _____ Father: Cell _____ Work _____

Family e-mail address: _____

Registered Parish Members at: St. Augustine St. Mary Other Parish: _____

Please complete name/address information below for parent who does not live at the above address:

Should this parent also receive program mailings? Yes No

Mother Father Name: _____

Address: _____

EMERGENCY INFORMATION

Emergency Contact (Other than parent):

Name _____ Relationship to Child: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Clinic/Hospital Preference _____ Phone # _____

Health Insurance Carrier _____

Medical Liability Release Statement: In the event that neither parent or emergency contact can be reached, I give permission for an adult member of the St. Augustine/ St. Mary staff/volunteer corps to administer necessary first aid and/or transport my child(ren) by ambulance if necessary to the above named clinic or associated hospital for medical care and treatment as deemed appropriate.

I will not hold St. Augustine/ St. Mary Parish, the Diocese of Madison or any staff/volunteers liable for any injuries my child(ren) may incur while participating in this supervised program.

Photography Consent Statement: I give permission that photographs of myself and/or my children, may be used to publicize program activities on the parish web site, in newsletters and hallway displays, and in local and diocesan newspapers. I understand that with electronic publishing, whenever possible, names will not be included with photographs as a safety precaution.

PARENT SIGNATURE _____ Date: ___/___/___

Please complete student registration information on 2013-14 registration form

-----Section Below For R.E. Office Use Only -----

Parish Member ID _____

Date of Registration ___/___/___ Amount Paid with Registration _____ Check No. _____ Initial: _____

Total Fee Assessed _____ Balance Due _____ Waiver of Fee _____ Approval: _____

Payment 2: _____ Check No. _____ Date Pd. _____ Initial _____ Comments: _____

Payment 3: _____ Check No. _____ Date Pd. _____ Initial _____