

Office Use Only:
 Date _____ Amt Pd _____
 Auth _____



ST. MARK CATECHESIS REGISTRATION 2017-2018

FAMILY NAME: _____
 [Last Name] [Father] [Mother/Maiden]

ADDRESS: _____ PHONE: _____
 [street] [city]

Student Information

First Name (with surname if Different)	Gender	Birth Date	Grade	School	Check Sacraments Celebrated			Health Concerns/Special Needs Allergies, Learning Disabilities, Etc.
					Baptism	Reconciliation	Eucharist	
1.	M / F	__ / __ / __						
2.	M / F	__ / __ / __						
3.	M / F	__ / __ / __						
4.	M / F	__ / __ / __						
5.	M / F	__ / __ / __						

Parent/Guardian Information

Name: _____
 Birth Date: __ / __ / ____
 Relationship: Mother ___ Father ___ Guardian ___
 Address: _____

 Check Box if Student Resides at this Address.
 Employer: _____
 Occupation: _____
 Work Number: (____) ____ - ____ Ext ____
 Cell Phone: (____) ____ - ____
 Email: _____ @ _____

Name: _____
 Birth Date: __ / __ / ____
 Relationship: Mother ___ Father ___ Guardian ___
 Address: _____

 Check Box if Student Resides at this Address.
 Employer: _____
 Occupation: _____
 Work Number: (____) ____ - ____ Ext ____
 Cell Phone: (____) ____ - ____
 Email: _____ @ _____

Emergency Contact Information

Name: _____
 Home: (____) ____ - ____
 Cell: (____) ____ - ____
 Other: (____) ____ - ____
 Relationship to Students:

The above information will be used in the case of an emergency when we are unable to contact the parent/guardian.

FEES 2017-2018

DUE UPON REGISTRATION: by August 25.

Grades 1 through 10 (Year of Confirmation)
 \$70.00 1st Child
 \$65.00 2nd Child
 \$60.00 3rd Child
 \$55.00 4th Child

Grade 2 Sacramental Prep Resource Fee
 \$20.00

Sunday School:

Ages 3, 4, 5
 \$20.00 1st Child
 \$10.00 each for 2nd/3rd Child

Liability Release

I hereby release and agree to hold harmless the Parish of St. Mark, the Diocese of La Crosse, or any person(s) affiliated with the event/class/trip/activity, from liability, claims and/or damages for personal injury, property loss or other damage which may result.

Parent/Guardian Signature _____ Date _____

Picture/Video Release

I hereby grant permission for my child/children named on this form to be photographed and/or videotaped during Faith Formation Activities and events; and for the resulting photographs and/or video footage to be edited, if necessary, and then published (newspaper, church bulletin, church website etc.) for the purpose of promoting the activities of St. Mark Catholic Church.

Parent/Guardian Signature _____ Date _____

RELIGIOUS EDUCATION EMERGENCY INFORMATION CARD

Child's Name: _____ Grade: _____
Medical Facility: _____ Doctor's Name: _____ Phone: _____
Dental Facility: _____ Doctor's Name: _____ Phone: _____
Medications: _____

Child's Name: _____ Grade: _____
Medical Facility: _____ Doctor's Name: _____ Phone: _____
Dental Facility: _____ Doctor's Name: _____ Phone: _____
Medications: _____

Child's Name: _____ Grade: _____
Medical Facility: _____ Doctor's Name: _____ Phone: _____
Dental Facility: _____ Doctor's Name: _____ Phone: _____
Medications: _____

Child's Name: _____ Grade: _____
Medical Facility: _____ Doctor's Name: _____ Phone: _____
Dental Facility: _____ Doctor's Name: _____ Phone: _____
Medications: _____

Verification of Parent Safe Environment Training

Parents and guardians are encouraged to review the Safe Environment Training materials located on the Diocese of La Crosse website: http://www.dioceseoflacrosse.com/safe-Environment/Training.htm (click on the button for "Parents") every year.

[X] Check one of the selections.

I acknowledge that I have reviewed the (red book), On Sexual Misconduct for the Diocese of La Crosse and (green book), Child Sexual Abuse Policy and Procedures of the Diocese of La Crosse, and have also had a chance to view the Safe Environment Training video on the Diocesan website.

I would prefer to come to the parish and receive the above books in hard copy and watch the video.

I decline Safe Environment Training at this time.
My reason for opting out is:

Sign and date:

Parent Signature _____ Date _____

The Diocese of La Crosse provides Safe Environment training from the Catholic perspective to participating individuals in its programs. I acknowledge that the Diocese of La Crosse will offer my child/children Safe Environment education by the Charter for the Protection of Children and Young People and by the Safe Environment Program of the Diocese of La Crosse.

As the parent or guardian of the child/children listed below:

[X] Check one of the selections.

I grant permission for my child/children to participate in the Safe Environment training, which will be offered in October.

I am declining the training and do not want my child/children to participate in the Safe Environment Program.
My reason for opting out is:

Fill in the following information:

Children's Names _____

School/Parish _____ System/City _____

Parent Signature _____ Date _____

Please return this form to your parish office to then be forwarded to the Diocese of La Crosse.