

**Our Lady of the Scapular Parish**

Religious Education Registration Form 2020/2021 (One child per form)

Rev. Mark A. Borkowski – Director

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***PLEASE PRINT CLEARLY***

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_\_ Male ( ) Female ( ) Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Public School Attending: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone-Home: \_\_\_\_\_ Telephone-Cell: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

How many years of formal religious education has the student had? \_\_\_\_\_

Mark the sacraments the student has received; if not at OLS, you must provide a copy of the certificate for grades 1, 2, and 8 by September 15, 2020.

Baptism ( )

Reconciliation ( )

Holy Communion ( )

Current Parish: \_\_\_\_\_ Envelope # \_\_\_\_\_

**TUITION (Parish Member and Non-Parish Member)**

**\$125.00 / 1 child**

**\$150.00 / 2 children**

**\$175.00 / 3 children**

*\$10 Late Registration Fee on or after September 21, 2020*

Date Paid: \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

(Office use only)

I fully understand in order to receive credit for a full level of religious education; attendance is required. Fifteen service hours per year are required for 7<sup>th</sup> and 8<sup>th</sup> graders. *If a student fails to attend four classes/faith formation activities, the student will not be allowed to move on to the next grade level. If the student is a Communion or Confirmation candidate and fails to fully participate, the Sacrament will be postponed for an additional year.* I give permission for my child to be photographed & name listed for educational or community relations not-for-profit-use such as the OLS bulletin, community newspaper articles, etc...

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

# MEDICAL TREATMENT AUTHORIZATION FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Student's Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School year for which intended \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## PARENTS/LEGAL GUARDIANS

Father \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Where parents can be reached when not at home:

Father's address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's address \_\_\_\_\_ Phone \_\_\_\_\_

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

Physician's address \_\_\_\_\_

List allergies, medications, contracts, or other pertinent comments:

Health Insurance Data:

Company \_\_\_\_\_ Policy \_\_\_\_\_

Group \_\_\_\_\_ Contract \_\_\_\_\_

List a neighbor or close relative who will assume care of your child if you cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date \_\_\_\_\_ Signed \_\_\_\_\_