

2017-2018 Religious Education Registration

Saint Joseph Catholic Church, 1026 N 8th Avenue, Winterset, Iowa

DATES (do not complete if we have on file)

Name of Child	2017-2018 Grade Level	Birthday	Baptism	1 st Eucharist	Confirmation	Allergy or Medical Concerns	Student Cell Phone Number

Name of Parents/Guardians	Catholic or Other Denomination	Home Phone	Cell Phone	Work Phone	Email (Most communication is via email)

Address:	Alternate Emergency Contact:	Medical Information:
	_____	_____
	Name & Relationship	Hospital/Clinic Preference
	(_____)	_____
	Phone	Physician's Name Phone number
		Insurance Company Policy Number

Class Times

*PreK-Kindergarten will meet on Sundays during the Liturgy of the Word at mass. There is no registration fee for this group.

*1st-6th graders will meet on Wednesdays for one hour. Please indicate which time slot your child will attend.

1 st -6 th grader's name	Wednesday 3:45-4:45pm	Wednesday 5:30-6:30pm	Wednesday 7:00-8:00pm

*Junior and Senior High will meet on Wednesdays from 7:00-8:00pm.

Registration Fees

Fees for the 2017-2018 Religious Education year will be \$30 per student (ages 1st grade through High School) **not to exceed \$90 per family.**

Scholarships are available. No students will be turned away for inability to pay!

Students of Catechists or Helpers will not have registration fees due.

_____ \$30 x Number of Children (1st grade-High School) = \$_____ due Checks payable to St. Joseph Church OR
 _____ Catechist/Helper (complete info below) OR _____ Scholarship Needed

Catechist/Helper Information

Name(s) _____

Yes, I would like to be a catechist/helper (circle one). Please indicate preference by 1, 2 or 3:

- | | |
|--|--|
| _____ Sunday with PreK-Kindergarten | _____ Wednesday, 3:45-4:45pm (circle grade level) 1 st -2 nd / 3 rd -4 th / 5 th -6 th |
| _____ Wednesday, 5:30-6:30pm (circle grade level) 1 st -2 nd / 3 rd -4 th / 5 th -6 th | _____ Wednesday, 7:00-8:00pm (circle grade level) 1 st -2 nd / 3 rd -4 th / 5 th -6 th |
| _____ Wednesday, Junior High 7:00-8:00pm | _____ Wednesday, Senior High 7:00-8:00pm |

Medical Release: I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child, in the event of a medical situation occurring in my absence or when the hospital or physicians are unable to contact me. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff where treatment is rendered by the physicians. I release from medical responsibility and liability the hospital, physicians(s) and nursing personnel for performing medical procedures and acting on the authority of this medical treatment consent form which such medical providers deem necessary for my child. I agree to assume financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Parent/Guardian Signature

Date

Office use only: PAID: _____ Check # _____ Cash _____ Scholarship _____ Catechist/Helper

Staff Name _____ Date Received _____

