

For Office Use
Grade _____
Entered in Database? _____
Date _____

For Office Use
Date Rec'd _____
Check # _____
Cash/Check \$ _____

**ST. AUGUSTINE PARISH
2017 - 2018
REGISTRATION FORM for
RELIGIOUS EDUCATION CLASSES FOR CHILDREN
GRADES 1 through 10**

Please fill out one form for each child. Please print clearly.

Name of Student _____ Date of Birth _____

Gender: _____ Female _____ Male

School Grade Entering in September 2017 _____ School _____

If new to the program *only*:

Date of Baptism _____ Place _____

Date of First Communion (or N/A) _____ Place _____

***A copy of your child's Baptismal Record is required unless baptized at St. Augustine.**

Please list any health problems, including allergies, you feel are important for your child's teacher to be aware of _____

Name of Child's Physician _____ Phone _____

Health Insurance Provider and Policy Number: _____

Please fill out the family information below. If you are registering multiple children who have the same information, you only have to fill this out on one of their registration forms.

Mailing Address _____

Home Phone Number _____ Daytime Phone _____

Mother's Name _____ Mother's Maiden Name _____

Father's Name _____ Email(s) _____

Emergency contact _____ Phone Number _____

Fee: \$30 per child, with a cap of \$60 per family *(scholarships available if needed)
Checks can be made out to St. Augustine Parish. Cash payment is also acceptable.

Forms/checks go to the Office of Religious Education, Saint Augustine Parish, 16 Barre St, Montpelier, VT 05602 or can be placed in the collection basket if enclosed in an envelope.

For questions/more information, contact Clara Luna (DRE): rel_ed@comcast.net or (802) 223-5285

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**ST. AUGUSTINE PARISH
2017 - 2018
RELEASE FORM for
RELIGIOUS EDUCATION CLASSES FOR CHILDREN
GRADES 1 through 10**

Please fill out one form for each child.

Authorization for Medical Treatment

In the event of a medical and/or emergency situation during my absence, I hereby authorize necessary treatment, administration of anesthesia and/or surgical treatment(s) for my minor child/ward when deemed necessary by any physician, hospital medical staff or other appropriate medical personnel. I furthermore agree to release, indemnify and hold harmless the Roman Catholic Diocese of Burlington, St. Augustine Parish, their officers, directors, employees, staff members, volunteers and agents, from and against any and all claims for damages related to administration of emergency medical care as authorized in this statement.

Acknowledgement of No Insurance Coverage - Benefits

I hereby acknowledge that neither the Roman Catholic Diocese of Burlington nor St. Augustine Parish, are providing insurance coverage of any kind for any of the participants, including, but not limited to, life, health, accident, disability, liability, or any other kind of insurance whatsoever. I agree to undertake responsibility for any and all losses, damages, liabilities or expenses associated with, or arising from, the St. Augustine Religious Education Program. I understand that it is my sole responsibility to acquire insurance to provide the appropriate coverage(s) for the risks associated with participation in these events.

Liability Release

I hereby release and agree to hold harmless the Roman Catholic Diocese of Burlington and St. Augustine Parish, their officers, directors, employees, staff members, volunteers, and agents from any and all liability, claims and/or damages for personal injury, property loss or other damage which may result to my child/ward. I further state that my child/ward is physically fit and able to participate in the St. Augustine Religious Education Program.

I further state that my child/ward, in the case of an emergency, may ride in any vehicle used for the purpose of this program. I release, hold harmless and agree to indemnify the Roman Catholic Diocese of Burlington, St. Augustine Parish, their officers, directors, employees, staff members, volunteers, and agents for personal injury, property loss or damage, whether foreseen or unforeseen, to my child/ward while traveling in authorized vehicles.

Media Release

I hereby authorize the Roman Catholic Diocese of Burlington and St. Augustine Parish to use the name, voice and likeness of my child/ward in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claims associated therewith in connection with the St. Augustine Religious Education Program.

Date

Name of Child/Ward

Phone

Parent-Guardian Signature