

Tri - Parish Religious Education Program 2017 - 2018 STUDENT REGISTRATION

Religious Education Fees:	\$95.00	First Child
	\$75.00	Second Child
	\$65.00	Third Child
	\$30.00	11 th & 12 th graders
	Free	Any Additional Children

Family Last Name: _____

Registered Member of a Parish: ____Yes ____NO

Which Parish? _____

Submit one Registration Form and check per family.

Registration fees payable to: Tri - Parish

Questions?? Contact Linda Schaub at 715 – 672 – 4668 or e-mail triparishre@nelson-tel.net

Grade	Child's Name	M/F	Birthdate	Fee (\$)	School Student Attends	Please Check Sacraments Received			
						Bapt	Rec	Euc	Conf
	Special Needs:			\$95					
	Special Needs:			\$75					
	Special Needs:			\$65					
11 th &/or 12 th	Special Needs:			\$30					
	Special Needs:			Free					
	Special Needs:			Free					

If your child(ren) wish to have youth group information emailed to them, please list an email addresses:

Safe Environment Training Info

I have reviewed the Diocese of LaCrosse Safe Environment Policies and Procedures. (please circle one) **Yes** **No**

Signature _____

I am declining the Safe Environment training offered at the Tri-Parish and by the Diocese. Signature _____

For Office Use Only:		Registration Date _____
Tuition Due	\$	_____
Amount received	\$	_____
Balance still owed	\$	_____
Payment Type: Check #	_____	Cash _____

Family Last Name: _____

**2017 - 2018
Tri - Parish Religious Education Program Registration Form**

Family Contact Info:

Mother: _____	Father: _____
Home Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Email: _____	Email: _____
Cell Phone: _____	Cell Phone: _____
Religion: _____	Religion: _____
Occupation: _____	Occupation: _____
Child(ren) live with ___Parents, ___Mother, ___Father, ___Step parent & parent, ___Grandparents, ___Other(list) _____	

Physician _____	Phone _____
Clinic/Hospital Preference _____	Phone _____
Health Insurance Carrier _____ (Optional)	Policy # or Group # _____ (Optional)

Medical Liability Release Statement: In the event that neither parent nor emergency contact can be reached, I give permission for an adult member of the Tri - Parish Religious Education staff/volunteer corps to administer necessary first aid and/or transport my child(ren) (by ambulance if necessary) to the above mentioned clinic or associated hospital for medical care and treatment as deemed appropriate. I will not hold the Tri - Parish, The Diocese of LaCrosse or any staff/volunteer liable for any injuries my child(ren) may incur while participating in the Tri - Parish Religious Education, Youth Ministry or Youth Group Program events.

Parent or Guardian Signature: _____ **Date:** _____

Emergency Contact (Other than Parent)

Name: _____

Phone: _____

Photo Release: You have my permission to use photos which contain my children's likeness for Tri - Parish website, event flyers, etc. I understand that no identifying information will be posted with the photo (i.e. name, address, etc.)

Parent's Signature: _____