

St. Wenceslaus Pre-K thru 5th Grade Religious Education Program Participation & Emergency Information Form

Family Information: Registered at St Wenceslaus? yes no If no please consider registering

Father's Name: _____ Catholic? yes no If no would you like to be? yes

Mother's Name: _____ Catholic? yes no If no would you like to be? yes

Home Phone _____ Dad's Cell _____ Mom's Cell _____

Email Addresses (best for sharing updates & info.) _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Student(s) living with both parents Mother Father Between both parents other _____

| First and Last Name | Birth Date | Grade | Baptism | Recon-ciliation | Eucharist | Allergies (food, drugs, insect) | Other info, health, developmental problems, medication(s) used describe below |
|---------------------|------------|-------|---------|-----------------|-----------|---------------------------------|---|
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Additional health information

CONSENTS--TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

PHOTO USAGE

- YES I hereby give St Wenceslaus Parish permission to use a photograph of the minor(s) (under the age of 18). Listed above on it's website, in church publications and in-church use; I understand that there will be no identifying information (e.g. name, age etc.) used.
- LIMITED-- St. Wenceslaus Parish may use a photograph of the minor(s) listed below EXCEPT FOR:

- NO, St. Wenceslaus Parish may NOT use photos of son/daughter for any purpose.

IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY to the student(s) named above, the Archdiocese of Portland and its Representatives are authorized to proceed as indicated below.

1ST CONTACT _____ BEST PHONE _____ OTHER PHONE _____

2ND CONTACT _____ BEST PHONE _____ OTHER PHONE _____

3RD CONTACT _____ BEST PHONE _____ OTHER PHONE _____

CONTACT FAMILY PHYSICIAN (IF POSSIBLE) _____ PHONE _____

TAKE STUDENT TO NEAREST EMERGENCY HOSPITAL _____

OTHER _____

NAME OF MEDICAL INSURANCE COMPANY _____ GROUP OR I.D. NUMBER" _____
(LIST WITH NAMES OF STUDENTS IF THEY EACH HAVE INDIVIDUAL #S)

I AUTHORIZE THE ARCHDIOCESE OF PORTLAND, ST WENCESLAUS CHURCH AND ITS REPRESENTATIVES TO USE THEIR JUDGMENT IN DETERMINING EMERGENCY CARE AND PROCEDURES FOR MY CHILD(REN). I ALSO UNDERSTAND AND AGREE THAT THE ARCHDIOCESE ASSUMES NO FINANCIAL OBLIGATION FOR EXPENSES INCURRED IN CARRYING OUT EMERGENCY PROCEDURES AND/OR EMERGENCY TRANSPORTATION.

Parent/Guardian Signature: _____ Date: _____

PARENTAL INVOLVEMENT IN RELIGIOUS EDUCATION PROGRAM

This year we are asking that all families volunteer in some way, we have many and varied opportunities to participate in your child’s faith experience and enrich our program this year. *We are especially in need of*

A Catechist Assistant for 5th grade Sacraments classes

A Photographer for First Communion photographs

Several individuals willing to restart the CHILDREN’S LITURGY OF THE WORD We can train you-this is very much missed! During 8:30 a.m. Mass _____ during 11:00 a.m. Mass _____

CATECHIST CATECHIST ASSISTANT SUBSTITUTE CATECHIST

OFFICE HELP Sunday Morning Weekdays

VOLUNTEER FOR ADVENT FAIR (Sunday, December 3rd)
___Prep craft projects from your home (mostly cutting, easy stuff...directions included)
___Provide bread or homemade soup for the lunch (___ Bread ___ Soup)
___Serve lunch and help in kitchen
___Set up (on Saturday morning, December 2nd)
___Craft table helpers (need 10 volunteers) - no experience necessary!
___Clean up following Advent Fair

VOLUNTEER FOR CHRISTMAS PAGEANT (Sunday, December 18th)
___Sort, iron and repair pageant costumes
___Coordinate Potluck & Santa’s visit
___Decorate the Parish Hall for pageant potluck
___Leave Pageant early and set food out
___Clean up after the potluck
___Organize the Santa area and set up for desserts (during pageant)

VOLUNTEER FOR Epiphany Celebration
___Set up (on Saturday morning, Jan 6th)
___Clean up

___ ASSIST WITH MAY CROWNING EVENT

OTHER SKILLS/IDEAS: _____

Name(s) of volunteer(s): _____

REGISTRATION TUITION September 2016 - May 2017

___\$20 PER CHILD--MAXIMUM \$60 per family both Religious Education and Youth Ministry count

___ Catechist or Youth Ministry Faith Formation Team waiver (Doesn’t wave Sacramental Prep fee)

___ \$20.00 Reconciliation & Eucharist Sacramental Preparation Classes

We do not want inability to pay tuition keep ANY child from attending Religious Education Classes

___ The program fees would be a financial hardship for me I request the fee be waived

Total Amount Due \$_____

Amount Rec’d \$_____ (check #_____ or cash) Date_____ Rec’d by_____ Balance Due \$_____