

# OUR LADY OF CONSOLATION PARISH RELIGIOUS EDUCATION REGISTRATION 2022-23

**K-8 Classes Begin September 25, 2022**

9:15 a.m. - 10:45 a.m.

Students are asked to the cafeteria by 9:10.

**Preschool Bible Classes Begin September 25, 2022**

9 a.m. - 10 a.m.

Parents are to bring child directly to classroom and pick up from classroom.

**STUDENT LAST NAME** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**MAIN PHONE:** \_\_\_\_\_

**HOME PARISH OLC?:** \_\_\_\_\_ **IF NO, WHERE?:** \_\_\_\_\_

## FOR OFFICE USE

REG. FEE TOTAL \_\_\_\_\_

DATE \_\_\_\_\_

CHECK# \_\_\_\_\_

CASH \_\_\_\_\_

Staff Initials \_\_\_\_\_

**P.R.E. K-2 REGISTRATION FEES** - One child: \$30.00/Family Max: \$90.00

**P.R.E. Grades 3-8** - One child: \$45.00/Family max: \$90.00

**Preschool Bible REGISTRATION FEES** - One child: \$30.00/Family Max: \$90

## **STUDENT**

**NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

## **SACRAMENTS RECEIVED:**

**BAPTISM DATE:** \_\_\_\_\_ **1<sup>ST</sup> COMMUNION DATE:** \_\_\_\_\_

**AT OLC?** \_\_\_\_\_ **IF NOT, WHERE?** \_\_\_\_\_ **AT OLC?** \_\_\_\_\_ **IF NOT, WHERE?** \_\_\_\_\_

**A COPY OF THE BAPTISMAL & FIRST COMMUNION CERTIFICATE(S) IS NEEDED FOR EACH STUDENT IF NOT PREVIOUSLY SUBMITTED.**

•HEALTH/LEARNING CONCERNS: - \_\_\_\_\_

• IS YOUR CHILD ALLOWED TO WALK HOME ALONE AFTER PRE CLASS? \_\_\_\_\_

IF NO, WHO WILL BE PICKING YOUR CHILD UP AFTER P.R.E.? \_\_\_\_\_

## **PARENTS/GUARDIANS**

**(PARENT 1)**

**NAME:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**(PARENT 2)**

**NAME:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

## **EMERGENCY INFORMATION**

**IN THE EVENT OF AN EMERGENCY, IF WE ARE UNABLE TO REACH YOU, WE WILL CONTACT:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

## **✓ CONSENT & AUTHORIZATION**

**PLEASE INITIAL!**

\_\_\_\_\_/I/we give consent & authorize the release, reproduction and publication of photographs taken of my son/daughter during P.R.E. and may be used by Our Lady of Consolation Parish, as determined at its discretion, without notice or compensation.

**OUR LADY OF CONSOLATION PARISH RELIGIOUS EDUCATION**  
*EMERGENCY MEDICAL AUTHORIZATION FORM 2022-23*

STUDENT NAME: \_\_\_\_\_ P.R.E. GRADE: \_\_\_\_\_

The purpose of an emergency medical form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under PARISH RELIGIOUS EDUCATION K – 8 or PRESCHOOL BIBLE authority when parents or guardians cannot be reached. I understand and agree that OLC Parish/School is not responsible for any accidents or injuries.

**ADDITIONAL CONTACT INFORMATION**

PLEASE LIST BELOW INDIVIDUALS WHO ARE TO BE CONTACTED (INCLUDING PARENTS) TO PICK UP YOUR CHILD SHOULD THEY BECOME ILL OR GET INJURED AT SCHOOL. WE WILL CALL IN THE ORDER LISTED BELOW.

***IT IS THE RESPONSIBILITY OF THE PARENTS TO INFORM PRE OF ANY CHANGES.***

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_
2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_
3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_
4. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

PART I OR PART II MUST BE COMPLETED

**PART I: TO GRANT CONSENT**

*I hereby GIVE consent for the following medical care and local hospital to be called:*

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_:  
HOSPITAL: \_\_\_\_\_ PHONE: \_\_\_\_\_:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctors, or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed below:

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_  
ADDRESS (if different than above): \_\_\_\_\_

**-OR-**

**PART II: REFUSAL TO CONSENT**

*I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the P.R.E. Director to take the following action: \_\_\_\_\_*

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_  
ADDRESS if different than above: \_\_\_\_\_