

Religious Education Registration, Grades 1-11

St. Joseph, St. Stephen, St. Peter, & St. Casimir

2022-2023

Family Information:

Last Name _____

Address _____

Home Phone: _____ Family E-Mail _____

Parish of Membership: St. Joseph St. Stephen St. Peter St. Casimir Other: _____

Emergency Contact Name _____ Phone _____

Father Single Married Divorced Deceased

Name _____

Work Phone _____ Cell Phone _____

Please complete below, only if different from above:

Religion _____ Parish _____

Mailing Address _____

Home Phone _____

Mother Single Married Divorced Deceased

Name _____

Work Phone _____ Cell Phone _____

Please complete below, only if different from above:

Religion _____ Parish _____

Mailing Address _____

Home Phone _____

Child 1

Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ CCD Grade _____ School _____

Health Considerations:

Child 2

Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ CCD Grade _____ School _____

Health Considerations:

Child 3			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name _____	First Name _____	Middle Name _____		
Birthdate _____	CCD Grade _____	School _____		
Health Considerations:				

Child 4			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name _____	First Name _____	Middle Name _____		
Birthdate _____	CCD Grade _____	School _____		
Health Considerations:				

Class Location: Please note that the below information is tentative, a final schedule will be sent in August.

Grades 1-6 meet from 6:15 p.m. to 7:30 p.m. on Wednesdays

Please check your preferred location:

St. Stephen St. Peter

Grades 7-8 meet from 6:15 p.m. to 7:30 p.m. at St. Stephen on Wednesdays

Grades 9-11 will be held on Sunday evenings

Cancellation Notification: Classes will be cancelled if the Stevens Point School District is closed, closes early, or cancels after school activities. Notification will be posted on parish websites at www.PointCatholicFaith.org.

Permissions

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

Family Doctor: _____ Phone: _____

Signature: _____ Date: _____

Permission to Use Student Photos: I consent that my child's image may be used for program purposes, parish use, and/or social media.

Signature: _____ Date: _____

Permission for events held at St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point: I hereby give permission for my registered child(ren) to participate in events & activities that are held at **St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point** schools & churches. I agree to defend, protect, indemnify and hold harmless **St. Joseph, St. Stephen, St. Peter & St. Casimir, Stevens Point, the Diocese of La Crosse & its Bishop** against & from all claims arising from the negligence or fault of the participant that causes damage to property or injury to others.

Signature: _____ Date: _____

<p>Rates & Fees: \$50 for one child, \$75 for two, \$100 for 3 or more.</p> <p style="text-align: center;">Total Due: \$ _____</p> <p style="text-align: center;">Make checks payable to: St. Stephen Parish</p> <p style="text-align: center;">Mail to: Point Catholic Religious Ed, 1401 Clark St., St. Pt., WI 54481</p> <p style="text-align: center;">Registration & Payment due April 27.</p> <p style="text-align: center;">Tuition assistance available, contact Pastor.</p>	<p>Office use: Date: _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check # _____</p> <p>Amount Pd: _____</p> <p>Spreadsheet: _____</p> <p>PS Corrections: _____</p>
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