

Family Last Name _____

Father First Name and Middle Initial _____

Mother First Name, Middle Initial & Maiden Name _____

Address _____
Street/PO Box City State Zip

Primary Phone # _____ Unl _____

Primary Email _____

Secondary Phone # _____ Unl _____

Secondary Email _____

Emergency Contact _____

Relationship _____ Phone # _____

Children enrolling _____ *\$25 materials fee per child

I, the parent/guardian, acknowledge that I am the **PRIMARY EDUCATOR** of my child and agree to fulfill my obligation to this program by:

- Being my child's primary Religious Education teacher, and incorporating the lessons into our daily home life.
- Providing transportation to and from **RELIGIOUS EDUCATION (RE)** each meeting.
- Actively participating in all programs/events pertaining to my child's Faith Formation or Sacramental process
- Being aware of my child's lessons/prayers and reviewing them with him/her each week.
- **ENSURING REGULAR ATTENDANCE AT SUNDAY MASS.**

Parent/Guardian Signature

Date

PHOTO OPT-OUT

Throughout the year, Our Lady of Lourdes Religious Ed would like to use images/videos taken of the students for the website and/or other publications sponsored by the parish, such as social media sites and the parish bulletin, etc.

I DO NOT wish for my child's image/video to be used. *Please initial. Otherwise, RE will assume we have your permission.*

Parent Initials _____

I DO NOT wish for my child's name to be used, but pictures/videos are okay. *Please initial. Otherwise, RE will assume we have your permission.*

Parent Initials _____

STUDENT (1) INFORMATION

Student Full and Official Name: _____

Date of Birth: _____ City & State of Birth: _____

Gender (circle one) Male Female

Grade: _____ School Attending: _____

Prior Religious Education Grades COMPLETED ___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

SACRAMENTS:

Baptism Yes No 1st Communion Yes No

Where _____ Where _____

Learning Differences: _____

Health Concerns: _____

Anything else you'd like us to know about your child: _____

STUDENT (1) MEDICAL CONSENT

MEDICAL CONSENT FORM

To whom it may concern:

The undersigned does hereby request permission for our child to attend and participate in activities sponsored by Our Lady of Lourdes Catholic Parish.

We authorize any designated adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for your child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Medical consent forms will be used only as needed. Every effort will be made to first notify the parent, guardian or emergency contact prior to the use of the medical consent form.

Hospital Insurance: Yes _____ No _____ Insurance Company _____

Policy Number _____ Emergency Phone Number _____

MOTHER DATE

FATHER DATE

LEGAL GUARDIAN DATE

PLEASE SUPPLY A COPY OF YOUR CHILD'S BAPTISM RECORD *EVEN IF* THEY WERE BAPTIZED AT OUR LADY OF LOURDES

STUDENT (2) INFORMATION

Student Full and Official Name: _____

Date of Birth: _____ City & State of Birth: _____

Gender (circle one) Male Female

Grade: _____ School Attending: _____

Prior Religious Education Grades COMPLETED ___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

SACRAMENTS:

Baptism Yes No 1st Communion Yes No

Where _____ Where _____

Learning Differences: _____

Health Concerns: _____

Anything else you'd like us to know about your child: _____

STUDENT (2) MEDICAL CONSENT

MEDICAL CONSENT FORM

To whom it may concern:

The undersigned does hereby request permission for our child to attend and participate in activities sponsored by Our Lady of Lourdes Catholic Parish.

We authorize any designated adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for your child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Medical consent forms will be used only as needed. Every effort will be made to first notify the parent, guardian or emergency contact prior to the use of the medical consent form.

Hospital Insurance: Yes _____ No _____ Insurance Company _____

Policy Number _____ Emergency Phone Number _____

MOTHER DATE

FATHER DATE

LEGAL GUARDIAN DATE

PLEASE SUPPLY A COPY OF YOUR CHILD'S BAPTISM RECORD *EVEN IF* THEY WERE BAPTIZED AT OUR LADY OF LOURDES

STUDENT (3) INFORMATION

Student Full and Official Name: _____

Date of Birth: _____ City & State of Birth: _____

Gender (circle one) Male Female

Grade: _____ School Attending: _____

Prior Religious Education Grades COMPLETED ___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

SACRAMENTS:

Baptism Yes No 1st Communion Yes No

Where _____ Where _____

Learning Differences: _____

Health Concerns: _____

Anything else you'd like us to know about your child: _____

STUDENT (3) MEDICAL CONSENT

MEDICAL CONSENT FORM

To whom it may concern:

The undersigned does hereby request permission for our child to attend and participate in activities sponsored by Our Lady of Lourdes Catholic Parish.

We authorize any designated adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for your child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Medical consent forms will be used only as needed. Every effort will be made to first notify the parent, guardian or emergency contact prior to the use of the medical consent form.

Hospital Insurance: Yes _____ No _____ Insurance Company _____

Policy Number _____ Emergency Phone Number _____

MOTHER DATE

FATHER DATE

LEGAL GUARDIAN DATE

PLEASE SUPPLY A COPY OF YOUR CHILD'S BAPTISM RECORD *EVEN IF* THEY WERE BAPTIZED AT OUR LADY OF LOURDES

STUDENT (4) INFORMATION

Student Full and Official Name: _____

Date of Birth: _____ City & State of Birth: _____

Gender (circle one) Male Female

Grade: _____ School Attending: _____

Prior Religious Education Grades COMPLETED ___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

SACRAMENTS:

Baptism Yes No 1st Communion Yes No

Where _____ Where _____

Learning Differences: _____

Health Concerns: _____

Anything else you'd like us to know about your child: _____

STUDENT (4) MEDICAL CONSENT

MEDICAL CONSENT FORM

To whom it may concern:

The undersigned does hereby request permission for our child to attend and participate in activities sponsored by Our Lady of Lourdes Catholic Parish.

We authorize any designated adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for your child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Medical consent forms will be used only as needed. Every effort will be made to first notify the parent, guardian or emergency contact prior to the use of the medical consent form.

Hospital Insurance: Yes _____ No _____ Insurance Company _____

Policy Number _____ Emergency Phone Number _____

MOTHER DATE

FATHER DATE

LEGAL GUARDIAN DATE

PLEASE SUPPLY A COPY OF YOUR CHILD'S BAPTISM RECORD *EVEN IF* THEY WERE BAPTIZED AT OUR LADY OF LOURDES

STUDENT (5) INFORMATION

Student Full and Official Name: _____

Date of Birth: _____ City & State of Birth: _____

Gender (circle one) Male Female

Grade: _____ School Attending: _____

Prior Religious Education Grades COMPLETED ___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

SACRAMENTS:

Baptism Yes No 1st Communion Yes No

Where _____ Where _____

Learning Differences: _____

Health Concerns: _____

Anything else you'd like us to know about your child: _____

STUDENT (5) MEDICAL CONSENT

MEDICAL CONSENT FORM

To whom it may concern:

The undersigned does hereby request permission for our child to attend and participate in activities sponsored by Our Lady of Lourdes Catholic Parish.

We authorize any designated adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for your child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Medical consent forms will be used only as needed. Every effort will be made to first notify the parent, guardian or emergency contact prior to the use of the medical consent form.

Hospital Insurance: Yes _____ No _____ Insurance Company _____

Policy Number _____ Emergency Phone Number _____

MOTHER DATE

FATHER DATE

LEGAL GUARDIAN DATE

PLEASE SUPPLY A COPY OF YOUR CHILD'S BAPTISM RECORD *EVEN IF* THEY WERE BAPTIZED AT OUR LADY OF LOURDES