

Office Use Only:  
 Date \_\_\_\_\_ Amt Pd \_\_\_\_\_  
 Auth \_\_\_\_\_



# ST. MARK CATECHESIS REGISTRATION 2022-2023

FAMILY NAME: \_\_\_\_\_  
 [Last Name] [Father] [Mother] [Maiden]

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 [street] [city]

## Student Information

First Name (With Surname if Different)	Gender	Birth Date	Grade	School	Check Sacraments Celebrated			Health Concerns/Special Needs Allergies, Learning Disabilities, Etc.
					Baptism	Reconciliation	Eucharist	
1.	M / F	___/___/___						
2.	M / F	___/___/___						
3.	M / F	___/___/___						
4.	M / F	___/___/___						
5.	M / F	___/___/___						

## Parent/Guardian Information

Name: \_\_\_\_\_  
 Birth Date: \_\_\_/\_\_\_/\_\_\_  
 Relationship: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_  
 Address: \_\_\_\_\_  
 Check Box if Student Resides at this Address.  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_@\_\_\_\_\_.

Name: \_\_\_\_\_  
 Birth Date: \_\_\_/\_\_\_/\_\_\_  
 Relationship: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_  
 Address: \_\_\_\_\_  
 Check Box if Student Resides at this Address.  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_@\_\_\_\_\_.

## Emergency Contact Information

Name: \_\_\_\_\_  
 Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Students:  
 \_\_\_\_\_  
 \_\_\_\_\_

The above information will be used in the case of an emergency when we are unable to contact the parent/guardian.

## FEES 2022-2023 DUE UPON REGISTRATION: By August 1.

### Grades 1 through 10 (Year of Confirmation)

\$75.00 1<sup>st</sup> Child  
 \$70.00 2<sup>nd</sup> Child  
 \$65.00 3<sup>rd</sup> Child  
 \$60.00 4<sup>th</sup> Child

Grade 2 Sacramental Prep Resource Fee  
 \$20.00

### Sunday School: Ages 3, 4, 5

\$25.00 1<sup>st</sup> Child  
 \$15.00 each for 2<sup>nd</sup> Child

## Liability Release

I hereby release and agree to hold harmless the Parish of St. Mark, the Diocese of La Crosse, or any person(s) affiliated with the event/class/trip/activity, from liability, claims and/or damages for personal injury, property loss or other damage which may result.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Picture/Video Release

I hereby grant permission for my child/children named on this form to be photographed and/or videotaped during Faith Formation Activities and events; and for the resulting photographs and/or video footage to be edited, if necessary, and then published (newspaper, church bulletin, church website, church Facebook, etc.) for the purpose of promoting the activities of St. Mark Catholic Church.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELIGIOUS EDUCATION EMERGENCY INFORMATION CARD**

<b>Child's Name:</b> _____	Grade: _____	
Medical Facility: _____	Doctor's Name: _____	Phone: _____
Dental Facility: _____	Doctor's Name: _____	Phone: _____
Medications: _____		
<b>Child's Name:</b> _____	Grade: _____	
Medical Facility: _____	Doctor's Name: _____	Phone: _____
Dental Facility: _____	Doctor's Name: _____	Phone: _____
Medications: _____		
<b>Child's Name:</b> _____	Grade: _____	
Medical Facility: _____	Doctor's Name: _____	Phone: _____
Dental Facility: _____	Doctor's Name: _____	Phone: _____
Medications: _____		
<b>Child's Name:</b> _____	Grade: _____	
Medical Facility: _____	Doctor's Name: _____	Phone: _____
Dental Facility: _____	Doctor's Name: _____	Phone: _____
Medications: _____		

**Yearly Verification of Parent Safe Environment Training**

**Every year** parents and guardians are encouraged to review the Safe Environment Training materials located on the Diocese of La Crosse website: <https://diolc.org/safe-environment/training>, click on "Parents Safe Environment Training."

✓ **Check one of the selections.**

\_\_\_\_\_ I acknowledge that I have reviewed the (red book content), *On Sexual Misconduct for the Diocese of La Crosse* and (green book content), *Child Sexual Abuse Policy and Procedures of the Diocese of La Crosse*, and have viewed the Safe Environment Training video **on the Diocesan website.**

\_\_\_\_\_ I would prefer to come to the parish and review the above books in hard copy and watch the video.

\_\_\_\_\_ I decline Safe Environment Training at this time.  
My reason for opting out is: \_\_\_\_\_

**Sign and date:**

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date

The Diocese of La Crosse provides Safe Environment training from the Catholic perspective to participating individuals in its programs. I acknowledge that the Diocese of La Crosse will offer my child/children Safe Environment education by the Charter for the Protection of Children and Young People and by the Safe Environment Program of the Diocese of La Crosse.

As the parent or guardian of the child/children listed below:

✓ **Check one of the selections.**

\_\_\_\_\_ I grant permission for my child/children to participate in the Safe Environment training.

\_\_\_\_\_ I am declining the training and do not want my child/children to participate in the Safe Environment Program.  
My reason for opting out is: \_\_\_\_\_

**Fill in the following information:**

Children's Names \_\_\_\_\_

School/Parish \_\_\_\_\_ System/City \_\_\_\_\_

**Sign and date:**

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date

Please return this form to your parish office. Information to then be forwarded to the Diocese of La Crosse.