

Office Use Only:
 Date _____ Amt Pd _____
 Auth _____



ST. MARK CATECHESIS REGISTRATION 2023-2024

FAMILY NAME: _____
 [Last Name] [Father] [Mother] [Maiden Name]

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 2023-2024

DUE UPON REGISTRATION: By August 1.

Grades 1 through 10 (Year of Confirmation)

\$75.00 1st Child
 \$70.00 2nd Child
 \$65.00 3rd Child
 \$60.00 4th Child

Grade 2 Sacramental Prep Resource Fee

\$20.00

Sunday School:

Ages 3, 4, 5

\$25.00 1st Child
 \$15.00 each for 2nd 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

Child's Name: _____ **Grade:** _____
Medical Facility: _____ **Doctor's Name:** _____ **Phone:** _____
Dental Facility: _____ **Doctor's Name:** _____ **Phone:** _____
Medications: _____

Child's Name: _____ **Grade:** _____
Medical Facility: _____ **Doctor's Name:** _____ **Phone:** _____
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Child's Name: _____ **Grade:** _____
Medical Facility: _____ **Doctor's Name:** _____ **Phone:** _____
Dental Facility: _____ **Doctor's Name:** _____ **Phone:** _____
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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://dioc.org/safe-environment/training>, **click on** "Paid Staff and Volunteers in Parishes/Schools" go directly to #2 and **click on** "Click here to complete the Online 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.