



# St. Adalbert

## Religious Education Registration

**2022-2023**

Family Information:		
Last Name _____		
Address _____		
Home Phone _____ Emergency Phone: _____		
Religion _____ Parish _____		
*Family E-Mail _____		
<i>(notifications regarding cancellation and other important information will be sent to this address)</i>		
<b>Father</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased Name _____ Work Phone _____ Cell Phone _____ Please complete below, only if different from above: Religion _____ Parish _____ Mailing Address _____ _____ Home Phone _____	<b>Mother</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased Name _____ Work Phone _____ Cell Phone _____ Please complete below, only if different from above: Religion _____ Parish _____ Mailing Address _____ _____ Home Phone _____	
<b>Child 1</b> <span style="float: right;"><input type="checkbox"/> Male   <input type="checkbox"/> Female</span> Last Name _____ First Name _____ Middle Name _____ Birthdate _____ Grade of enrollment _____ Health Considerations:		
<b>Child 2</b> <span style="float: right;"><input type="checkbox"/> Male   <input type="checkbox"/> Female</span> Last Name _____ First Name _____ Middle Name _____ Birthdate _____ Grade of enrollment _____ Health Considerations:		

<b>Child 3</b>			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name _____	First Name _____	Middle Name _____		
Birthdate _____	Grade of enrollment _____			
Health Considerations:				
<b>Child 4</b>			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name _____	First Name _____	Middle Name _____		
Birthdate _____	Grade of enrollment _____			
Health Considerations:				

### Sacramental Notification

For students who will begin preparation for First Reconciliation and First Eucharist and Confirmation you will be asked to complete one Sacramental Registration Form per student. Form will be provided.

### Cancellation Notification

Classes will be cancelled if the Rosholt School district is closed, closes early, or cancels after school activities. Notification of cancellation of classes will be sent through email to address provided as well as posted on our website at [www.RosholtCatholic.org](http://www.RosholtCatholic.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:** Do we have your permission to use photos/videos of your children taken during program activities?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b><u>RELIGIOUS EDUCATION REGISTRATION FEE</u></b></p> <p><b>NON-REGISTERED:           \$100/Per Child</b></p> <p><b>REGISTERED PARISHIONER: \$100/Per Child</b></p>	<p><b>Office use:</b></p> <p>Amount Due: _____</p> <p>Amount Received: _____</p> <p>Date: _____</p> <p><input type="checkbox"/> Cash           <input type="checkbox"/> Check # _____</p>
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