

St. Isidore Catholic Parish

PLEASE COMPLETE ALL INFORMATION BELOW

Religious Education Registration 2024-2025 (Complete Front & Back) Ck# _____ Paid \$ _____

Student Name (Please Print First, Middle, Last)	Grade 2024-25 School Year	Girl or Boy	Date of Birth	Has Child Been Baptized Y/N		Received First Comm. Y / N		Confirmed Y / N		\$50 Rel. Ed. fee per student	2024-25 2nd, 8th, 9th, 10th \$25 Sac. Fee	Late Fee if paid after June 30, 2024 \$20.00
				Yes	No	Yes	No	Yes	No			
		Girl		Yes	No	Yes	No	Yes	No	\$	\$	\$
		Boy		Yes	No	Yes	No	Yes	No	\$	\$	\$
		Girl		Yes	No	Yes	No	Yes	No	\$	\$	\$
		Boy		Yes	No	Yes	No	Yes	No	\$	\$	\$
		Girl		Yes	No	Yes	No	Yes	No	\$	\$	\$
		Boy		Yes	No	Yes	No	Yes	No	\$	\$	\$

RELIGIOUS ED FEES- Payable to St. Isidore Parish P.O. Box 1 Celestine, In 47521

\$50 is requested per student in Kindergarten - 12th grades

LATE FEE PER FAMILY WILL BE \$20 after June 30, 2024

Additional Sacramental Preparation Fee (\$25) **2025 Sacraments** First Communion (entering) **Grade 2** and Confirmation –(entering)**Grade 8, 9, 10 11th grade was collected last school year**

Mother: (Birth/Adoptive) _____ Cell/Home# _____ Text Y/N
 FIRST (MAIDEN) LAST

Father: (Birth/Adoptive) _____ Cell/Home# _____ Text Y/N

Step Mother: _____ Step Father: _____

Students live with Both Parents _____ Mother _____ Father _____ Grandparents _____ Other _____

Phone Number to be reached at # 1, #2, #3: #1 _____ #2 _____ #3 _____

*Primary Mailing Address: _____

*Family email address: _____ Change of email address from last year YES NO

What Parish is your family registered member of? St. Isidore Parish (circle) YES / NO Other: _____

No student will ever be denied religion class due to inability to pay fees. Simply return the form and sign below by June 30, 2024.

FINANCIAL AIDE NEEDED: Parent Signature _____ Amount Needed \$ _____ Date: _____

FAMILY NAME: _____ July 31, 2024 - August, 2025

DIOCESAN EVENT WAIVER AND RELEASE CATHOLIC DIOCESE OF EVANSVILLE

RELEASE CONSENT FROM SCHOOL (CHECK APPROPRIATE LOCATION) **Kindergarten thru 6th grade classes**

I give my permission for my child to be released from N. E. Dubois Elementary _____ N.E. Intermediate School _____
for Catholic release time religious classes during the 2024-2025 school year to St. Raphael Campus _____

With adult supervision for **Kindergarten-6th grade** to walk or bussed from Elementary & Intermediate school to St. Isidore -St. Raphael campus

Youth's Name: _____ Grade: _____ School location: _____

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Parish/Program/School: **St. Isidore Parish** Religious Education Locations: **Dubois, IN**

Event : St. Isidore Parish 2024-2025 Religious Education Faith Formation classes Date(s): August 2024 through May 2025

WAIVER FOR PERMISSION TO PHOTOGRAPH

I, the undersigned, do hereby consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, and exclusively for the purpose of event/program promotion and/or ministry development. I do hereby release to the Catholic Diocese of Evansville its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's image or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand that the Catholic Diocese of Evansville is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result

X INITIAL

CONDUCT WAIVER

Further, I/We acknowledge having read, or been aware of the Diocesan Youth and/or Adult Codes of Conduct, and the Diocesan Off-site Transportation Policy, and I/We agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya.html). I acknowledge and understand that any action on behalf of my/our child/dependents that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

X INITIAL

MEDICAL CONSENT

The undersigned custodial parent or legal guardian of FAMILY STUDENTS LISTED ON REGISTRATION

does hereby grant and authorize St. Isidore Parish and any employee thereof to obtain, at the expense of the undersigned, any medical services, including but not limited to x-ray examination, anesthetic, surgical treatment or any hospital service, for the named students on registration form in the event said student suffers any illness or accident at a time when the undersigned cannot be contacted. It is my request that if reasonably possible, such treatment shall be rendered by our family doctor.

Dr. _____ Phone _____

or by any physician on call at the hospital emergency room or otherwise available to provide care. This medical consent is given in advance of treatment to encourage and authorize the employee and the named physician to exercise their judgment in the best interest of my child.

X INITIAL

STUDENT MEDICAL INFORMATION:

List any chronic or existing disease or medical problems or allergic reactions to food, environment, or animals

(Indicate child's name)

Name: _____

ALLERGIES: _____

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____

X Signature: _____ Date: _____